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ABSTRACT

The California State guidelines are presented for identifying, assessing, and providing services to deaf blind individuals. Chapter 1 focuses on identification with sections on definition, etiology, referral, and unique educational needs (e.g., vision, audition, behavior, daily living). Chapter 2 discusses student assessment. Sections cover: assessment purposes and personnel, formal and informal assessment, motor skills assessment, communication assessment, hearing assessment, vision assessment, psychological assessment, academic assessment, vocational skills assessment, and the assessment report. The provision of instruction and services is addressed in chapter 3. The discussion covers the special education teacher, the itinerant teacher, students/parents/guardians, special providers of designated instruction and services (e.g., orientation and mobility specialist), the school nurse, the career-vocational specialist, the psychologist, aides and interpreters, and ancillary staff in residential programs. The final chapter considers the organization and support of instruction and services. Topics examined include: regionalization, administrative roles and responsibilities, the least restrictive environment, the continuum of services, program options, caseloads and class sizes, facilities and materials, staff development, parent education, program evaluation, and network development. Nine appendixes include a self-review guide, a listing of resources for technical assistance, an inventory of assessment tools, a description of Usher's syndrome, a summary of California Deaf-Blind services, and 39 references. (DB)

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Program Guidelines for Individuals Who Are Deaf-Blind

In Memoriam

These guidelines are dedicated to the memory of Evelyn Carr. She had a special concern for and dedication to visually impaired infants and preschool children and their families. Her efforts led to the early identification of children who are deaf-blind and to the development of programs for these children.

She was a support for families, a resource for teachers and administrators, and an inspiration for all concerned with the needs of children who are deaf-blind.

Publishing Information

Program Guidelines for Individuals Who Are Deaf-Blind was prepared and coordinated by Margo Dronek, Consultant, Special Education Division, with assistance from those listed in the acknowledgments. The readers are reminded that all "program guidelines issued by the State Department of Education shall be designed to serve as a model or example and shall not be prescriptive," per *Education Code* Section 33308.5.

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Preface

The combination of hearing and visual impairment seriously affects an individual's general development and potential far more than either impairment alone might. Identified students who are deaf-blind need specialized educational strategies and interventions to ensure productive, fulfilling lives. While these strategies and interventions are being provided, one must always remember that these students, first and foremost, have feelings, needs, desires, and frustrations. The guidelines reflect this concept. Their underlying premise is that many individuals who are deaf-blind need the most highly structured and individualized programs and services that can be provided.

These guidelines have been developed pursuant to *Education Code* Section 56136, which requires the Superintendent of Public Instruction to:

> . . . develop guidelines for each low-incidence disability area and provide technical assistance to parents, teachers, and administrators regarding the implementation of the guidelines. The guidelines shall clarify the identification, assessment, planning of, and the provision of specialized services to pupils with low-incidence disabilities. The superintendent shall consider the guidelines when monitoring programs serving pupils with low-incidence disabilities pursuant to Section 56825. The adopted guidelines shall be promulgated for the purpose of establishing recommended guidelines and shall not operate to impose minimum state requirements.

Local educational agencies have the flexibility to provide programs based on local needs, which may of necessity vary from the recommendations in the guidelines, provided that the variance is:

- In compliance with state and federal laws and regulations
- Consistent with the standards of quality promoted within these guidelines

Program guidelines, according to *Education Code* Section 33308.5, "shall be designed to serve as a model or example and shall not be prescriptive." These guidelines have been developed cooperatively by teachers, parents, and administrators to serve as a model for providing a quality, cost-effective education to deaf-blind students that includes the requirements of state and federal laws.

Continual changes and improvements in a quality educational program result from ongoing research and practice. To remain current with emerging quality indicators, program planners and educators should review these guidelines at regular two-year intervals.

SHIRLEY A. THORNTON
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Acknowledgments

Special recognition is given to members of the Deaf-Blind Task Force for their commitment and dedication to the education of children who are deaf-blind.

Sincere appreciation is extended to Assemblywoman Gwen Moore for sponsoring the legislation to ensure appropriate special education and services for all individuals with a low-incidence disability.

Margo Dronek, Special Education Consultant, California State Department of Education, researched, coordinated, and developed this document and received valuable assistance from the development and advisory committees, whose members volunteered countless hours. Manuel Gonzales, stenographer, Special Education Division, Los Angeles Office, prepared the original draft of the document. A special thanks is extended to Deborah Chen, Jan Writer, Barbara MacNeil, and Sandy Meyer, who provided many suggestions for revisions.

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Introduction

These guidelines serve as a model for meeting the unique educational needs of individuals who are deaf-blind. The multiple disabilities interact in such a way that their effects cannot be separated. Therefore, the term *deaf-blind* should help educators to focus on these individuals' unique educational needs.

Personnel working with individuals who are deaf-blind should have a clear understanding of the effects of these disabilities on home and school environments, needed services, methodology, adaptations of curriculum, specialized materials and equipment, and transition from one level or setting to another. The purpose of these guidelines is to provide a framework of expectations for parents, teachers, specialists, and administrators in providing programs and services to individuals who are deaf-blind.

This document contains recommended guidelines for parents, teachers, administrators, governing boards, support personnel, and interested community representatives to use in identifying, assessing, planning, and providing educational services. It also provides assistance in monitoring programs.

Because educational services for students who are deaf-blind are mandated by federal and state laws and regulations, the guidelines were developed to be consistent with and suggestive of ways to carry out the mandates.

Standards for Meeting Unique Educational Needs

The significant standards for each chapter are listed in this section. Specific guidelines for meeting the unique needs of those who are deaf-blind are addressed within each chapter.

Standard for Chapter One

Chapter One presents the following standard for identifying individuals who are deaf-blind:

1. Procedures should exist for locating and referring individuals who are deaf-blind and require special education.

Standards for Chapter Two

The standards in Chapter Two cover the assessment of students' unique educational needs:

Each student who is deaf-blind shall be appropriately placed according to his or her educational needs.

2. The assessment of students suspected of having concomitant hearing and visual impairments shall include all areas related to the students' disabilities.
3. The assessment of deaf-blind students shall be conducted by assessment personnel knowledgeable about the disability.
4. Tests should be provided and administered in the students' primary language or mode of communication.
5. The assessment report shall identify the students' unique educational needs related to hearing and visual impairments, including needs for specialized materials and equipment.

Standards for Chapter Three

In Chapter Three standards are provided relating to providing instruction and services to meet the unique educational needs of deaf-blind students. Roles, skills, and responsibilities of the service providers are included in these standards:

6. The assessed unique educational needs in the areas related to the disability should form the foundation for the individualized education program; i.e. the appropriate instruction and services, behavioral plan, individualized communication system, materials, equipment, and curriculum.
7. The service providers who give instruction, services, or consultation to students who are deaf-blind should be aware of the students' unique educational needs and possess the required credentials, skills, and abilities to carry out their roles and responsibilities in meeting these needs.

Standards for Chapter Four

In Chapter Four standards relating to organization and support for providing instruction and services are discussed:

8. Coordination should exist among all of the individuals involved in providing instruction and services.
9. A full range of program options shall be available for each individual who is deaf-blind.
10. Each student who is deaf-blind shall be appropriately placed according to his or her educational needs.
11. Class sizes and caseloads of staff should allow for providing specialized instruction and services according to the educational needs of students who are deaf-blind.
12. Each program shall provide qualified professional personnel who have the skills and abilities necessary to conduct assessment and professional and paraprofessional personnel to provide instruction and services that meet the educational needs of deaf-blind students.
13. Appropriate staff development and parent education should be provided from a needs assessment that reflects the specialized needs related to deaf-blindness.
14. Facilities should be designed or modified to enhance the instruction and services to meet the unique educational and safety needs of students who are deaf-blind.
15. Specialized materials and equipment necessary to meet the unique educational needs of each deaf-blind student shall be provided as needed and indicated on the individualized education program.
16. Transportation services of students who are deaf-blind shall be appropriate for their unique health, safety, and communication needs.
17. Each program serving students who are deaf-blind should have an ongoing process to evaluate its effectiveness in identifying, assessing, planning, and providing instruction and services to meet the unique educational needs of these students.

Descriptions of the Appendixes

Appendix A contains a self-review guide to assist in improving the effectiveness of local programs. The self-review guide contains a series of questions, based on standards of quality, to help staff members from local programs in determining their program's effectiveness. This guide should be used to assist the staff in determining priorities for program improvement.

The self-review guide can be used to:

- Conduct an internal or external evaluation of the program.
- Identify areas and establish goals for program improvement.
- Identify needs for technical assistance.

Once specific needs have been determined for a local program, state or local resources should be contacted. (See Appendix B, "Resources for Technical Assistance.")

Legal references pertaining to the education of individuals with low-incidence disabilities may be found in the current *California Special Education Programs: A Composite of Laws*, published annually by the Special Education Division, California State Department of Education, Sacramento.*

Appendix B, "Resources for Technical Assistance," contains lists of resources from the California State Department of Education and from other local, state, and national agencies.

Appendix C, "Inventory of Assessment Tools Appropriate for Use with Students Who Are Severely/Multiply Handicapped" lists formal and informal assessment tools for use with students who are severely or multiply handicapped.

Appendix D, "California Deaf-Blind Services," provides a description of the services from this unit of the California State Department of Education. A sample form for registering students to receive these services is included.

Appendix E contains information about registering visually impaired students.

Appendix F consists of a form entitled "Initial Orientation and Mobility Evaluation." This form can be used to assist in the assessment of the orientation and mobility skills of students who are deaf-blind.

Appendix G, "Review of Curriculum for the Deaf-Blind," provides a brief description of commercially available curriculums that have been used successfully with some deaf-blind and other multihandicapped children.

Appendix H, "Selected References," contains lists of publications for persons who work with these children. Topics covered are developing programs for infants and young children and developing communication with children.

Appendix I provides information about Usher's syndrome and CHARGE association. (See page 81 for an explanation of the acronym CHARGE.)

*A limited number of copies of this publication are available at no charge from the Bureau of Publications, Sales Unit, California State Department of Education, P.O. Box 271, Sacramento, CA 95802-0271.

CHAPTER ONE

Identifying Individuals Who Are Deaf-Blind

This chapter begins with a definition of students who are deaf-blind and is followed by a section on etiology. Information about identification is provided, and the child-find system and screening are explained. Next is a section on referrals, which is followed by a discussion of unique educational needs.

Definition

The student who is deaf-blind has concomitant hearing and visual impairments, the combination of which can cause severe communication, developmental, social, emotional, physical, and educational problems.

Students' functional levels may vary from hard-of-hearing and partially sighted to profoundly deaf and totally blind. Students may have additional handicaps, such as developmental delay, retardation, orthopedic problems, social/emotional problems, and learning disabilities.

Within the deaf-blind population, the combination and intensity of deficits are unique and require alternative methods for acquiring information that is usually processed through the auditory and visual channels. The student who is adventitiously deaf-blind generally has had previous experience with hearing and/or vision and has acquired some language and concept development prior to the combined sensory loss. However, the student who is congenitally deaf and blind is impaired in sensory channels of learning, a condition which affects all areas of development.

The deaf-blind represent a low-incidence population with severe handicaps resulting from a variety of diagnoses:

- Conditions that may be associated with hearing impairment, thus causing deaf-blindness, include retrolental fibroplasia (RLF) (opaque tissue behind the lens), associated with premature birth; glaucoma; genetic disorders; intrauterine injections; and trauma. A visually impaired person may lose hearing through infections or nerve damage causing the dual loss.
- Congenital rubella, which has been a major cause of deaf-blindness, is recurring in nonimmunized populations. Manifestations of this disease include hearing loss, eye disorders, cardiovascular disease,

Deaf-blindness affects the student in all aspects of development.

urogenital disorders, and evolving endocrine disturbances.

- Infections such as cytomegalovirus, herpes virus, and meningitis, as well as genetic syndromes, such as Usher's syndrome and conditions of unknown etiology, such as the CHARGE association, continue to cause deaf-blindness.
- Injury or trauma alone or with any of the previously mentioned medical problems may cause deaf-blindness.

Diagnosing the cause of deafness and visual loss may enable health care providers to identify additional physical impairments and neurological or developmental disorders.

Etiology

Etiology for all students who are deaf-blind should be identified when possible. Parents are advised to seek genetic counseling when no other etiology is identified to determine implications for the student's educational and medical treatment and for the parents, child, and family.

Identification

Identification is an ongoing process of seeking out and locating all individuals who are deaf-blind. The special education local plan should include identification procedures and activities to locate and refer individuals with these concomitant handicapping conditions.

Child-Find System

A child-find system for locating and identifying children with visual and hearing impairments should be established within the community. Available media coverage and special events should be coordinated with activities of educational agencies, medical agencies, service organizations, and appropriate professionals. Additionally, the special education local plan area (SELPA) should disseminate information regarding the availability of programs and services through the use of brochures and telephone contacts.

Screening

All students entering public school are required to have vision and hearing screenings. However, students suspected of being deaf-blind must be referred for comprehensive vision and audiological assessments.

Referral

A referral by a parent, teacher or specialist is made to the local educational agency in which the child resides.

Staff from this agency should process the referral and gather appropriate information for assessment to include a student's medical, developmental, educational, and social/emotional histories.

Staff from the local educational agency should determine whether the assessment can be made locally. If the local educational agency or SELPA is unable to provide a comprehensive assessment, assistance is available from one of the state schools or from private specialists in these disciplines (see Appendix C, "Inventory of Assessment Tools Appropriate for Use with Students Who Are Severely/Multiply Handicapped").

Unique Educational Needs

Most children enter school having had a variety of visual and auditory learning experiences. They have mastered a system of communication familiar within the home and community. They have also established a basis of knowledge and learning through their visual and auditory senses and are developing concepts and skills necessary to succeed with the academic curriculum of reading, writing, and calculating.

Deaf-blindness affects the student in all aspects of development. As a result, he or she will have unique educational needs in the areas discussed in the paragraphs that follow.

Vision

Students who are functionally blind will need to use other senses such as tactile and residual auditory channels. Students with low vision may benefit from vision aids to enhance their residual vision.

Audition

Students who are hearing impaired may benefit from auditory training and hearing aids. Students need to learn how to use residual hearing for language development, as well as for the acquisition of other acoustical information about their environment.

Communication

The concomitant sensory impairments create the need for a highly individualized, specialized communication system.

Social and Emotional Growth

Deaf-blindness has a major impact on the social and emotional growth of the individual. Students must develop feelings of self-worth before they can relate to the outside world. The student who is deaf-blind will have special needs for socialization and recreational skills, for sex education, and for dealing with the psychological implications of deaf-blindness.

Behavior

Individuals who are deaf-blind often exhibit a variety of atypical behaviors. Extensive intervention is required to direct these behaviors toward acceptable patterns.

The student who is deaf-blind will benefit from an educational setting that is predictable and highly structured and that provides a mode of communication for the student. The student's many behavioral problems arise from frustration in communication. With additional support from the communication specialist (speech and language), the inappropriate behaviors may significantly decrease.

A consistent schedule will enable the student to anticipate and understand routines and to develop a sense of trust. However, the need to provide the students with the opportunity to learn and deal with change is crucial.

Orientation and Mobility

The combined sensory loss creates a need for specialized techniques in developing skills of orientation and mobility. Techniques should assist students to move, travel, and play and to interact independently and safely within the environment.

Sensorimotor

The dual sensory loss often inhibits a student's sensorimotor development, a situation which adversely affects other areas of development.

Leisure Time

Many students who are deaf-blind use unstructured time in self-stimulatory behavior. Individuals who are deaf-blind need to learn how to make appropriate use of leisure time independently and in structured group settings.

Daily Living

The concomitant visual and hearing loss affects the student's ability to live independently. The student will need to learn special techniques to function as independently as possible.

Career-Vocational Skills

Students who are deaf-blind require early educational intervention to include observation, assessment, selective training, and community work experience in a variety of age-appropriate settings.

CHAPTER TWO

Assessing Students' Unique Educational Needs

In this chapter the following aspects of assessment are examined: the purpose; personnel involved; formal and informal assessments; areas to be assessed; motor skills; communication, language, and modalities; and function and acuity of hearing, which covers audiological and functional hearing assessments and testing instruments and testing periods. Other aspects of assessment covered are function and acuity of vision and psychological assessment, which encompasses intellectual, developmental, behavioral, and adaptive assessments and learning style. Also included are academic assessment, self-help and daily living skills, recreational and leisure skills, orientation and mobility skills, vocational skills, the assessment report, and application of assessment data.

Purposes of Assessment

The primary purposes for the assessment of students who are deaf-blind are to:

1. Determine a student's eligibility.
2. Identify the student's strengths and weaknesses because they have a direct implication for educational programming.
3. Measure the student's present level of performance in significant skill areas.
4. Develop goals and objectives.
5. Assess the progress or lack of it toward achieving established goals and objectives.
6. Develop and select an individualized curriculum.
7. Assess a student's functional ability within the home or other natural environments.

As part of the assessment process, one should:

1. Review case histories.
2. Review information related to acuity and function of hearing and vision and determine whether further testing is needed.
3. Conduct observations of the students' interaction within the home, school, and community.

Assessment Personnel

The assessment of students who are deaf-blind must be a transdisciplinary effort conducted by persons who are knowledgeable in this area. This approach requires that assessment personnel share and exchange information and skills across traditional disciplinary lines.

The assessment of students suspected of having concomitant hearing and visual impairments shall include all areas related to their disability.

These persons are skilled in administering, interpreting, and evaluating the validity of assessment methods and tools used with students who are deaf-blind. They can adapt assessment tools for obtaining important data, and they have the requisite communication skills to ensure nondiscriminatory assessment.

When assessment personnel do not have a background in deaf-blindness, the teacher with specialized training in this area needs to be involved in providing a nondiscriminatory assessment. This comprehensive assessment information should be appropriate for use in educational planning and curriculum selection and development.

Assessment personnel should spend sufficient time to build rapport with each student and to discover techniques that work best. Assessment personnel should adjust themselves to the needs of the child who is deaf-blind because he or she may have difficulty adjusting to the usual examination procedures that involve the use of standardized tests and materials. The special education teacher can be assisted by other assessment personnel in conducting assessments in the classroom and in other natural environments, such as the home, community, and work sites. An extended time may be necessary for assessment to give personnel time to build rapport with the child, to discover communication strategies, and to establish a baseline in the rate of acquiring new skills. Because the classroom teacher may have intimate knowledge about individual students, this person must be an integral part of the assessment process.

Additional assessment personnel may include:

1. Parents, family members, care providers, employers, and educational specialists, including teachers and psychologists, orientation and mobility specialists, and audiologists
2. Therapists, such as speech and language specialists, physical therapists, occupational therapists, and medical specialists
3. Teachers' aides
4. Allied agency representatives, such as psychiatric technicians and counselors

Assessment can incorporate formal assessment tools, criterion-referenced tools, and informal assessment procedures, including systematic observation and inventories of the student in relationship to the environment (ecological and student repertoire inventories).

Before selecting and initiating any assessment procedure, one should consider the following questions:

1. What current information exists, especially medical, visual, and audiological assessment results?
2. What does one need to know about the student?
3. Why is this information necessary?
4. How will it be used in program planning, curriculum selection, and/or evaluation?
5. What are the best methods, techniques, and procedures for obtaining this information?
6. In what environment(s) will the students perform at their best?

Formal Assessment

The nature of the disability and difficulties that individuals who are deaf-blind experience affects the administration of most traditional formal assessment practices. Very few instruments have been standardized for the deaf-blind. Thus, assessors need to determine whether using a standardized instrument is appropriate, considering the number of modifications that may be needed.

Modifications may include:

1. Use of computers and a student's most meaningful mode of communication; for example, signing, braille or other tactile modes, photographs, communication board, or shift of gaze for indication
2. Short test increments
3. Considerations for motor limitations
4. Increased volume of voice or closer proximity to the source for auditory and visual reception
5. Special consideration of best environment, including lighting and acoustics
6. Material substitution emphasizing the use of age-appropriate materials and use of real-life objects for test materials
7. Material modification (enlargement of visual material)

A list of formal assessment tools appropriate for use with the deaf-blind appears in Appendix C.

Informal Assessment

For the student who is deaf-blind, informal assessment tools can provide the most accurate measure of

the student's typical, spontaneous performance across developmental areas. A variety of informal assessment tools have been designed or adopted for use with deaf-blind populations. The majority of these tools are multimodal in that they address three or more areas of educational need.

Informal tests may be either developmentally referenced (sequenced in order of developmental milestones); criterion-referenced (sequenced according to easy-to-hard tasks or by order of acquisition of skills); or chronologically age-appropriate referenced (sequenced in order of behaviors and skills exhibited by nondisabled age peers). A listing of some of these tools appears in Appendix C.

Informal assessments should also incorporate an evaluation of the students' abilities and performance in natural environments that include a student's home, school, and community. A student's performance in vocational and recreational or leisure environments is also assessed. Evaluation procedures should include (1) an interview of parents or guardians; and (2) an ecological inventory of natural environments. (The individual critical skills model [ICSM], offered through the California Deaf-Blind Services, provides training to teachers, administrators, parents, and others who are interested in learning about, assessing, and teaching in natural environments.) See Appendix D for information about this program.

Areas of Assessment

The comprehensive educational assessment should involve age of onset, degree of hearing and visual impairment, other handicapping conditions, and environmental situations and expectations.

Areas of assessment should include health; fine and gross motor abilities; communications skills, including the mode (oral, tactile, manual, visual, or olfactory) and the level (prelinguistic or linguistic); hearing and vision function and acuity; psychological development (intellectual, developmental, and behavioral); functional and basic skill academics; functional living skills (self-help, domestic, social and interpersonal, community recreation, and leisure); orientation and mobility; and vocational skills.

A report of current specialized health needs should be obtained for every child. Special attention should be paid to other conditions, such as orthopedic, neurological, and behavioral that may influence a student's educational program, as well as to the information about hearing and vision that is contained in the health report.

Motor Skills Assessment

Motor learning requires the integration of coordinated muscular and cognitive skills that are performed in incremental steps before a student masters a skill.

Both language and communication have a sensorimotor base. That is, students learn about movement, relative direction, and relationships of their own bodies to their environment. They also learn about the image of the body, parts of the body, and a beginning development of self-concept.

Development of motor skills may be specially significant for students who are deaf-blind as a result of etiologies such as meningitis, rubella, neurological disorders, and premature birth. These conditions may affect equilibrium, body awareness, and visual-motor functioning. For these students, areas to be assessed should include, whenever appropriate, body and spatial and awareness; balance; visual motor skills; motor planning; endurance; flexibility; recreational skills; and fine motor skills, including eye-hand-finger coordination.

Motor assessment is conducted by qualified personnel, including orientation and mobility specialists, adapted physical education specialists, physicians, occupational therapists, and physical therapists.

Communication, Language, and Modalities

In assessing the language and communication skills of students who are deaf-blind, one should distinguish between communication, language, and modality. *Communication* involves an exchange of thoughts, an intentional expression or act with, a code that is mutually understood by a sender and receiver. *Language* is the most complex form of communication and involves an abstract set of symbols in rule-governed order, such as manual signs, speech, and other symbol systems. *Modality* is the method by which a message is exchanged. This method may range from simple concrete

Accurate assessment of the student's level of communication skills requires that assessors listen to the student in nontraditional ways.

systems, such as eye gaze, use of objects, and pointing, to complex abstract methods, such as speech and manual signs.

Some students who are deaf-blind will not develop symbolic language because of conditions such as severe cognitive deficits, neuromotor dysfunction, or severe behavioral disorders. Although not all students develop symbolic language (speech, sign language, reading, or writing), every student communicates through some system. A major educational goal for students who are deaf-blind should be to encourage and develop the ability and motivation to communicate with and relate to the environment.

Purpose of Assessing Communication

Communication behaviors are assessed to develop a comprehensive description of the students' *receptive* and *expressive* skills.

The assessment of communication skills should include a description of:

1. The ability to use auditory stimuli; for example, environmental or linguistic sounds
2. The ability to use visual stimuli; for example, light, shapes, faces, gestures, sign language, or pictures
3. The ability to use tactile information; for example, touch, texture, braille, or Tadoma (tactile speechreading)
4. Nonverbal and verbal behavior following systematic observations of the student in a variety of natural environments with familiar and unfamiliar persons
5. Standardized test results when appropriate

The communication modalities shown on the chart on page 8 may assist in enhancing communication skills for students who are deaf-blind.

Communication Assessment Personnel

The communication skills of a student who is deaf-blind should be assessed by personnel with appropriate competencies (see pages 16 and 17, "Special Education Teacher," in this publication). These persons may include, but not be limited to, one or more of the following: a teacher of the deaf-blind, hearing impaired, or communicatively handicapped; and/or a speech and language specialist. The assessor should be skilled in eliciting communication from a student who is deaf-blind; identifying communication behaviors, including modalities; and analyzing linguistic structures, including phonology, morphology and syntax.

Accurate assessment of the student's level of communication skills requires that assessors listen to the student in nontraditional ways; for example, with their eyes, with their hands and bodies by sensing changes in muscle tone, and with their knowledge of the student as an individual. To evoke communicative responses from the student, assessors must also communicate with the use of their facial expressions, with their vocal intonations, with the gestures they use, with the visual or tactual signals they provide, with their posture, with the way they position and handle the student, and with stimuli that are presented to the student. The results of the communication assessment should be considered by those who are developing the individualized education program (IEP) and recommending program placement. (See Appendix H, "Selected References," which lists references for developing communication programs for children who are deaf-blind.)

Function and Acuity of Hearing

This section presents information about audiological assessment, functional hearing assessment, and testing instruments and testing periods. Ambient noise levels, monitoring of amplification, individual hearing aids, and auditory trainers are other topics discussed.

Audiological Assessment

Audiological assessment is conducted by an audiologist with a valid credential who specializes in clinical or rehabilitative services in audiology. This assessment should provide necessary information regarding appropriate amplification, functional hearing level, and the specifics related to the student's hearing.

Audiological and medical reports provide the basic information necessary to determine the need for further teacher assessment. Information may be obtained through combined use of the following audiological techniques: brain stem audiometry (a person put under anesthesia is checked to determine whether he or she can respond to sound), play-audiometry (decibel

Communication Modalities

Modality	*Methods*	*Devices*
Visual	Gestures (pointing/body movement) Home signs* Sign language Speech reading Cued speech Writing Use of computers	Picture cards Rebus signs Communication boards using: Pictures Signs Rebus Words Large-print materials Low vision aids and magnifiers Closed-captioned television (CCTV) Visual speech indicator (for phone)
Auditory	Oral/aural methods	Auditory amplification group or individual hearing aids and auditory trainers Talking book and cassette Kurzweil Reading (print to speech) Optacon (print to speech or print to tactile print)
Tactile	Gestures Modeling—coactive movement Gestures—hands on Sign language—hands on Print in palm (also arm or back) Tadoma (tactile speechreading)	Braille Perkins braillewriter Slate and stylus Braille books Alphabet cards and boards Teletouch Versebraille Telebraille (Braille TDD)
Braille (See "Devices.")		Kurzweil Reader (print to Braille) Braille computer terminal Signaling devices Tactile communication (Tac Com) Vibrating beepers Raised line drawing kit Optacon Tactile speech indicator Alphabet glove/plate

*Home signs are signs made up by the child, family, or care provider. These signs are usually nonstandardized.

Scales for infants can be used to chart development of a child's response to gross sound stimulation.

calibrated toys are used in play activities during the testing of hearing), evoked responses testing, conventional methods, pure tone testing, and auditory test instruments, as appropriate.

Scales for infants can be used to chart development of a child's response to gross sound stimulation. With appropriate response conditioning, informal observation and use of functional hearing assessments may be used.

An audiological assessment should be conducted in a test environment that:

1. Is free from interruptions
2. Is large enough to accommodate staff, students, and equipment
3. Is acoustically treated to minimize noise
4. Is provided with sufficient controllable lighting
5. Allows alternation of testing periods to determine the best time for administering the test
6. Allows the length of the testing session to reflect the child's ability to pay attention
7. Includes one tester and one observer

Functional Hearing Assessment

Specific informal assessment procedures are available for a teacher to use in the classroom with lower-functioning and difficult-to-test students. These procedures involve presenting various auditory stimuli and watching for reliable behavioral changes. Replacing formal audiological assessment is not intended. These procedures are for (1) evaluating functional use of learning in the classroom setting; (2) providing information useful in developing programs to improve the functional use of specific skills, such as localizing to sound (locating the source of the sound); and (3) determining responses and sound cues that can be useful in training the student for formal audiological assessment.

In training programs a motor response is coordinated with a light stimulus, which becomes the discriminative stimulus for the motor response. The intensity of the light stimulus is then systematically decreased so that the response is shifted to the auditory stimulus alone. If the shift occurs, the audiologist has a response to use in testing. If the shift does not occur, the audiologist can still use a reliable response to light as a part of formal evaluation procedures.

Testing Instruments and Testing Periods

New students in a program should be given an audiological assessment with specific educational goals developed at the intervals shown on the chart appearing below.

Audiological Assessment

Age of student	*Types of tests*	*Testing periods*
Birth through three years	Pure tone and air/bone conduction Brain stem (only if needed) Speech reception threshold Speech discrimination Impedance (Measure of the stiffness of the middle ear's conductive system) Simple noisemakers (rattles, squeaking toys, horns, or bells) Aided and unaided (with and without hearing aids)	Every six months
Preschool through twelve years	Pure tone Bone conduction Speech reception threshold Speech discrimination Impedance Aided and unaided Auditory test instruments	Once a year

Other considerations for testing instruments and testing periods appear in the next paragraphs.

Ambient noise levels. Ambient noise levels should be determined and considered when appropriate instructional settings are being established. Frequently checking ambient noise levels is important if a change occurs in the acoustical qualities or characteristics of an instructional setting.

Monitoring of amplification. Both individual and group amplification systems need to be monitored on a regular basis.

Individual hearing aids. Listening checks need to be conducted daily on individual hearing aids. Both the hearing aid and the batteries need to be checked.

An acoustic analysis of the individual hearing aid needs to be conducted at least twice a year or when problems with the aid are discovered during the listening check.

Auditory trainers. An electroacoustic analysis system should be used when group amplification systems are being monitored. Standards from the American National Standards Institute need to be used when the gain, power, and distortion levels of the auditory trainers are checked. This analysis should be conducted at least twice a year.

Function and Acuity of Vision

Students who are deaf-blind are frequently difficult to test. Therefore, employing a combination of assessment strategies among the various disciplines may be necessary.

Medical specialists may determine the etiology and prognosis of the visual impairment, medical condition of the eyes, visual acuity, field of vision, binocular status, near and distance vision, and recommendation for low vision assessments.

Additional knowledge about a child's use of vision may be obtained from the parents, who often can provide valuable information. (Chapter Three of the *Program Guidelines for Visually Impaired Individuals* also contains a discussion of assessment procedures for visually impaired students.)*

**Program Guidelines for Visually Impaired Students* (1987 revised edition). Sacramento: California State Department of Education, 1987. (See page 82 in this publication for ordering information.)

Functional Vision Assessment

A functional vision assessment may be conducted by the teacher of the deaf-blind or visually impaired to:

1. Observe how the deaf-blind student functions visually in a variety of settings.
2. Indicate modifications required for visual efficiency, such as:
   - Task modifications, including time requirements
   - Specialized instructional materials and equipment
   - Desired seating, lighting, and physical arrangements
3. Facilitate further assessment by an eye specialist, when necessary.
4. Complement the needed interdisciplinary exchange of information between educators and eye specialists.

The functional vision assessment includes an examination of reflexes and pupillary response to light; fixation; coordination of both eyes; tracking; scanning; eye preference; eye-hand coordination, for example, reaching; visual discrimination skills that involve recognition of gross and fine objects and depth of contrast print colors; field of vision; and acuity.

Low Vision Assessment

For students with residual vision, a low vision assessment shall be provided following a functional vision assessment. When a low vision assessment is recommended, the assessment or IEP team should include one or more persons knowledgeable about low vision aids, low vision assessment, and training. The report of the functional vision assessment should contain recommendations for possible further assessment by a low vision expert who can recommend appropriate strategies and low vision aids.

Low Vision Report

The low vision report should include:

1. Near and distant acuity with or without best possible correction
2. Field of vision, including peripheral field
3. Binocular status
4. The etiology and prognosis of the visual impairment

A comprehensive psychological assessment of a student who is deaf-blind requires a combination of intellectual, developmental, behavioral, and adaptive assessments.

5. The eye specialist's recommendation to school personnel and parents regarding the need for low vision aids and for future examinations
6. The eye report, when completed by a medical doctor, is also used as the basis for annually registering visually impaired students with the California State Department of Education's Clearinghouse Depository for Handicapped Students. This registration provides for the use of materials, aids, and equipment produced by the American Printing House for the Blind with federal funds. The amount of funding is based on the number of identified legally blind students. Students who are deaf-blind should be reported if they are legally blind (see Appendix E).

Psychological Assessment

A comprehensive psychological assessment of a student who is deaf-blind requires a combination of intellectual, developmental, behavioral, and adaptive assessments. This assessment should identify styles and channels of learning and areas needing intervention.

Intellectual Assessment

An assessment of intellectual functioning may not be possible with the use of traditional tests and procedures. The psychologist needs to observe the students' behaviors in a natural environment and adapt materials and procedures to provide an accurate evaluation of intellectual functioning and potential.

The deaf-blind child may be observed with the use of a developmental scale that shows a student's cognitive progression of skills. These assessment tools combined with effective observation within a variety of settings and experiences may provide information that demonstrates skills across developmental stages. The psychologist determines the degree to which the deaf-blind child compensates for the sensory deprivation and then makes recommendations for building and expanding the student's accomplishments.

For older children and/or higher-functioning students, selected items from various test batteries designed for the visually impaired, or hearing impaired, may be used with adapted materials such as raised lines, form boards, and specially designed tactile materials. These tests and materials may demonstrate problem solving, curiosity, memory, and so forth. The procedure of first providing instruction in simple activities and observing how the child responds may be the most useful evaluation tool of all.

Developmental Assessment

A developmental assessment, including family and medical history, should be conducted on students who are deaf-blind. It is important to describe functional ranges in key areas of development or adaptive behavior rather than to give only "a score," mental age alone, or other noninformative results. Examples of information to be obtained include perceptual, motor, language, behavior, and concept development.

Behavioral Assessment

Determining a student's social/emotional maturity should be a major component of the assessment process for the student who is deaf-blind. Communication problems that result from deaf-blindness affect the development of a student's personality and his or her social/emotional adjustment. Emotional factors, which have a direct influence on the learning behavior of a student who is deaf-blind, may hamper the learning process. Social/emotional evaluations examine:

- Self-image, including personal adjustment, intrapersonal adjustment, sense of identity, ego strength, dependency, and self-care
- Social or interpersonal adjustment, including interactions, peer relations, differentiation among people, familial relations, relation to authority, risk taking, social standards and conformity, value clarification, social isolation, ethical behavior, and so forth
- Emotional adjustment, including self-abusive and self-stimulatory behaviors, bizarre behavior, fearfulness, insecurity, anxiousness, negative attitude, excessive sense of persecution, excessive aggressiveness, resistance, anger, suffering, and poor impulse control (These assessments may result in the need to develop an individualized behavioral management plan.)

The Behavioral Management Plan

The behavioral management plan must ensure respect for the students and their inherent right to human dignity and quality of life. The students' programs

should facilitate positive reinforcement. Staff members who are interacting with students who have behavioral problems should be trained in appropriate behavioral intervention. The teacher and psychologist or behavioral specialist should, together, draft an individualized behavioral plan addressing the targeted behaviors to be modified (if the psychologist cannot develop the program with the teacher, he or she should review the program). The IEP team should approve the program.

A behavioral management plan begins with the identification and measurement of the target behavior. The intervention plan will specify by whom, when, and where the procedures are to be implemented. The plan will address the ABCs of behavior, *antecedents*, *behaviors*, and *consequences*. The plan will be developed with the use of *nonaversive* behavioral intervention.

Information about nonaversive behavioral intervention may be obtained from the school psychologist. Other resource persons may be found at psychological consulting firms, state universities and colleges, local agencies, or the Special Education Division, California State Department of Education. A book that provides a good overview is:

La Vigna, Gary W., and Anne Donnellan-Walsh. *Alternatives to Punishment: Solving Behavior Problems with Nonaversive Strategies*. New York: Irvington Pubs., 1986.

Aversive interventions should be used *only* when the behavior is *extremely* dangerous to the physical well-being of the student or others. This method must be fully described in the plan and agreed to by all. *Any and all aversive interventions* need to be implemented with close supervision by a district's administration or designee.

Adaptive Behavior

Assessing adaptive behavior measures specifically how well the student has applied his or her capabilities at home, in school, and in the community. Areas include:

1. Functional living skills; for example, self-help in eating, grooming, mobility, and consumer skills
2. Physical development; for example, walking, balancing, and body movements
3. Motivation; for example, demonstrates initiative, pays attention, and completes tasks
4. Socialization (The way in which deaf-blind students interact with peers and the extent to which they have an opportunity to interact are assessed. The students' reactions to others, to nurturing, and to individual and group interactions are examined.)

Learning Style

Learning style indicates the approach or approaches that appear to be the most effective means through which a student learns. Such styles include:

1. Multisensory: Employing all sensory input
2. Visual-motor: Viewing and doing; for example, writing, drawing, and copying
3. Motoric: Doing activities or using manipulatives
4. Visual: Reading, using printed material, and viewing visual aids; for example, films, pictures, and filmstrips
5. Auditory: Listening to discussions, tapes, and records

You may assess how students process information by observing whether:

1. The student requires lengthened time to respond to stimuli.
2. The student responds quickly to symbols and generalizations.
3. The student requires a point-by-point analysis.

Academic Assessment

The student's progress in the following academic areas should be assessed when appropriate:

Written language skills

- Comprehension
- Grammar
- Punctuation
- Spelling

Mathematics skills

- Application
- Computation
- Money
- Time

Reading skills

- Auditory perception
- Comprehension
- Phonetic analysis
- Structural analysis

Students who are deaf-blind should participate in an instructional program in which the development of socialization skills and positive emotional support is a fundamental component.

- Visual perception
- Word attack skills

Study skills

- Tracking
- Part/whole relationships
- Keeping one's place
- Using reference books and materials
- Interpreting maps, charts, graphs, and models
- Taking notes from both written materials and oral presentations

Academic assessments will not only give information about the student's academic level but also will provide the teacher with an opportunity to observe how the student functions visually or tactually in academic tasks. Intervention and adaptations of the materials may be necessary when students' errors are related to visual or auditory impairments.

Assessment of Self-help and Daily Living Skills

The assessment of self-help or daily living skills is essential if the student who is deaf-blind is to function as independently as possible at home and at school and as an adult.

Assessment should include the following areas:

1. Personal welfare: Safety behaviors associated with the environment and the student's own body
2. Personal hygiene: Oral hygiene, nasal hygiene, toileting, and grooming skills
3. Eating skills: Feeding or eating, drinking, and social eating
4. Dressing skills: Dressing, undressing, and selecting a wardrobe daily
5. Clothing care: Laundering and general maintenance of all clothing items
6. Housekeeping: Cleaning and maintaining the basic configuration of the home, operating necessary equipment and appliances, and performing outdoor maintenance and basic gardening
7. Food preparation: Shopping, preparation, cooking, serving, and cleanup skills
8. Interpersonal relations skills: Impulse control, adaptive behaviors, and appropriate interaction with others
9. Responsible behavioral skills:
   a. Skills in understanding time; for example, being aware of daytime and nighttime and of routines or schedules and being able to tell time and to use time pieces
   b. Skills involving money; for example, understanding monetary denominations and the purpose for and actual use of acquired money
   c. Skills in organizing activities and materials
   d. Awareness of rules and responsibilities
   e. Ability to form relationships with others
10. Social communications: Use of socially appropriate language in the form of speech, sign language, fingerspelling, speechreading, gestures, communication boards or devices, body language, and other total communication approaches
11. Telephone skills: Appropriate use of telephone and telecommunication devices for the deaf (TDD)
12. Written communications: Skills in correspondence and recording of written information and signature and document skills

Assessment in this area should include information from parents or guardians regarding a student's current skill levels and the priorities for skills to be taught. A visit to the student's residence would help provide needed information for the task analysis of the skills being evaluated. The assessment should determine and define the student's present level of ability of each assessed skill and the amount of assistance that he or she will need to achieve specific goals and objectives. Some students may become totally independent in many areas, but a significant number will require assistance ranging from total care to minimum supervision as an adult.

Assessment of Recreational and Leisure Skills

An assessment of how a student spends unstructured or free time will provide information regarding current interests and favored materials and equipment used. Many students who are deaf-blind do not engage in chronologically age-appropriate recreation and leisure activities that involve the use of age-appropriate materials and equipment. Some students engage in self-

Assessment of vocational skill development begins as soon as the student enters school.

stimulatory and even self-abusive behaviors. Others may demonstrate maladaptive interactions with their environment, such as bothering others or destroying materials. Developing recreational and leisure skills is critical because a large portion of the day may be unstructured, especially for persons who are not involved in full-time work activities or academic education.

Areas to assess include:

1. Participating in music and rhythms, including skills in singing, clapping, moving, dancing, listening, and using instruments
2. Participating in arts and crafts, including skills related to painting, drawing, using clay and textured materials, cutting, pasting, and sewing
3. Developing outdoor activity skills, such as fishing, camping, hiking, using a playground, walking, running, and exploring the outdoors safely
4. Participating in athletics, such as tumbling, swimming, gymnastics, or jumping
5. Using equipment in activities such as bowling, bicycling, tricycling, or roller-skating
6. Using audiovisual equipment, such as radios, television sets, cassette recorders, record players and talking books, closed-captioned television (CCTV), computers and electronic games, cameras and adaptive devices used to operate many toys and audiovisual equipment
7. Playing table games; for example, dominoes or cards
8. Using reading and related materials, such as braillewriters or typewriters, and age-appropriate toys and equipment (and response to sensory stimulation materials for students who may be functioning at a sensorimotor awareness level)
9. Being able to adjust to changes in routine, including such activities as field trips to community locations, amusement parks, theaters, athletic events and unfamiliar environments (Also included is skill development in appropriate adaptive behavior and ability to respond favorably to new and familiar places and activities.)
10. Being able to adjust to group and individual leisure and recreational activities:
    a. Knowledge of community resources, parks and recreational centers, camps, clubs, dances and other social events, libraries, theaters, swimming pools, and athletic events; for example, the Special Olympics
    b. Knowledge of special organizations, such as community recreational organizations for the blind, deaf, deaf-blind, multihandicapped, and developmentally disabled.

Assessment of Orientation and Mobility

Several problems of orientation and mobility for deaf-blind students can make training different from conventional instruction. First, the amount of hearing loss limits audition as a major mode for collecting environmental information. Second, hearing loss affects communication. Third, the accompanying developmental delay, retardation, or additional physical impairments can make conventional instruction and techniques impractical. Diverse impairments in the population require flexibile use of assessment tools (see Appendix F, "Initial Orientation and Mobility Evaluation"). The major areas of deaf-blind orientation and mobility to be assessed include concepts of body image, movement skills, concepts and techniques of mobility, spatial concepts, sensory integration, residual hearing and residual vision, concepts and awareness of the environment, concepts of time, route travel and independent travel, social awareness, and behavior in the environment.

Assessment of Vocational Skills

Assessment of vocational skill development begins as soon as the student enters school. Career education should not be thought of only as a concern for the secondary level. The daily curriculum of all students should include developing critical skills and vocational awareness. Employment in private enterprise or supported or sheltered employment may not be the goal for all deaf-blind students, but there are skills that these students can learn to become productive in their environment; for example, folding laundry and putting away silverware, dishes, and groceries.

Vocational skill assessment will determine the level of students' abilities to give attention to a task; follow directions (especially the ability to work with a trainer); complete tasks independently; and develop good work

habits, including being responsible, following rules, making decisions, staying on task, and developing accuracy and speed.

Assessment of vocational skills should also cover the following components to ensure appropriate behavior for employment:

1. Are sufficient support services available for the student to transfer to the work environment; for example, teacher, rehabilitation worker, aide, or interpreter?
2. Does the student know the work-related vocabulary and understand all directions given? Can the student organize all materials in relation to the task at hand?
3. Can the student work in a group setting?
4. Does the student benefit from the use of a "token economy" system (the exchange of a reward for certain forms of behavior)?
5. Has the student received preliminary orientation to the working environment? Are support devices and equipment available?

All of the vocational skills mentioned here are applicable to any life setting that a student may encounter and should be taught continuously from an early age. While one student may use such skills in an adult activity center or other sheltered, noncompetitive environment, another student may build on these skills and achieve his or her potential in a competitive (private enterprise) employment setting. The goal for both students is to achieve maximum satisfaction with their performances and life-styles.

Assessment Report

The transdisciplinary approach requires that personnel who are most familiar with the student conduct the assessment, with direct interaction among other assessment and support personnel. The assessors of the deaf-blind student should prepare an integrated written report that includes impressions, implications, and recommendations appropriate to the results of informal and formal assessments and should focus on the strengths, needs, and learning style of the student. The assessments' findings and recommendations for specialized services, materials, and equipment must be included.

Application of Assessment Data

The assessment data should be used to determine:

1. Eligibility (Once eligibility has been determined by the individualized educational program [IEP] team, the deaf-blind student should be reported as he or she is identified and from that point on, annually, on a registry form. A sample form for registering deaf-blind students, "Registry Information Short Form," appears in Appendix D. One should contact the Clearinghouse Depository for Handicapped Students for information about its current form, which was unavailable when this document was published. Any individual identified as deaf-blind should be dually registered with the California Deaf-Blind Services and the Clearinghouse Depository for Handicapped Students. Appendixes D and E contain the addresses and telephone numbers of these units.)
2. Delineation of current levels of a student's performance, strengths, and weaknesses in all areas of educational concern
3. Recommendations for planning the individualized educational program
4. Development of a behavioral plan
5. Monitoring of a student's ongoing educational program
6. Modification of educational programming to meet identified needs
7. Evaluation of a student's educational program based on the student's progress
8. Long-range planning for a student's career-vocational program development

CHAPTER THREE

Providing Instruction and Services

The assessed needs of the student who is deaf-blind form the foundation for the individualized educational program (IEP), which includes, when appropriate, behavioral management and specialized services, materials, and equipment. The local educational agency is responsible for ensuring that necessary instruction and services identified in the IEP are provided to meet the unique educational needs of these students. Providing needed services requires coordination and communication among a variety of competent personnel. Therefore, a transdisciplinary team approach should be implemented.

Students who are deaf-blind need credentialed, competent teachers, as well as aides, and designated instruction and services personnel who can communicate with these students and use highly specialized techniques to meet an individual student's unique needs. The roles, skills, and responsibilities of the providers of these services are described in the next section.

Special Education Teacher

The credentialed special education teacher for students who are deaf-blind is primarily responsibile for the instructional program in skill areas indicated in the IEP. The teacher should manage and monitor the student's program and schedule regular meetings with all service providers to ensure coordination and consistency in implementing the IEP. Whenever possible, the special education teacher integrates the provision of specialized services within the student's daily program. Providing these services may be accomplished through team teaching, the consultative approach, or the integrated therapy model.*

This teacher should possess the skills and abilities necessary to provide and coordinate the total instructional program.

The special education teacher for students who are deaf-blind should have knowledge of:

1. The implications of auditory and visual impairments for psychological, sociological, vocational, and educational development, from infancy to adulthood, of students who are deaf-blind
2. Assessment information for use in educational planning and counseling for students who are deaf-blind and their parents

*The integrated therapy model requires role release between specialists and the classroom teacher so that therapy is provided directly in the natural environments and activities that compose the student's day are monitored on a regular basis.

3. The location and use of resources, specialized personnel, reference materials, and professional literature in the education of students who are deaf-blind
4. The etiologies leading to deaf-blindness and their effect on the development of hearing, vision, and communication
5. Knowledge and skill to develop language and communication
6. The acquisition and use of language and the implications of deaf-blindness on these areas
7. The effects of deaf-blindness on communication and on understanding the various modes of communication and combinations thereof used in teaching individuals who are deaf-blind

The special education teacher for students who are deaf-blind should be competent in:

1. Developing individualized curriculum to reflect a sequence of skill areas, ranging from learning basic skills to acquiring concepts from the district's core curriculum
2. Developing students' critical skills and activities necessary to function in normal daily life
3. Developing the needed modes of communication of the individual student
4. Developing positive behavioral management from a plan created by a transdisciplinary team
5. Developing data-based instructional procedures
6. Performing informal functional assessment and programming procedures for vision and hearing
7. Working with families and community agencies
8. Facilitating the interaction of students who are deaf-blind with their nonhandicapped peers and adults
9. Facilitating community-based instruction and vocational preparation

When the deaf-blind student is placed in a special class for other than deaf-blind students, the teacher should function as a transdisciplinary team manager to coordinate all required services and should provide specialized instruction to meet the student's needs. The special education teacher is responsible for:

1. Selecting and obtaining appropriate materials, aids, and equipment
2. Providing a comprehensive, functional curriculum which includes instruction in the classroom and community environments
3. Providing ongoing communication with parents and other service providers
4. Providing a variety of multisensory real-life experiences to prepare for transition to the next environment
5. Providing systematic instruction to ensure skill, competency, and concept acquisition
6. Continuing to update skills and knowledge

The special education teacher should acquire any necessary competencies and information to serve deaf-blind students through in-service training and continual updating of skills and knowledge.

Itinerant Teacher

The itinerant teacher of students who are deaf-blind coordinates the instructional program with the student's teacher and provides specialized instruction and services. The itinerant teacher should possess the basic skills needed to assess and teach deaf-blind students effectively. He or she must be knowledgeable in unique communication needs, in uses for special equipment and materials, and in current educational strategies, literature, and research in the field.

The cumulative effect of the combined sensory impairments is in itself a major handicapping condition. The circumstances involve more than just a deaf person who is also visually impaired or a blind person with a hearing impairment. The multiplier effect of the dual sensory deprivation requires teachers to be creative and adaptive in refining educational methodologies for promoting physical, mental, and emotional growth and development. Continuous updating of assessment in skill areas is needed to determine whether the program is meeting students' needs, providing alternative strategies, and keeping the primary teacher apprised of a student's growth.

The role of the itinerant teacher should include, but not be limited to, the following:

1. Coordinating and providing specialized instruction, services, and environmental adaptations required by the student
2. Providing specialized books, materials, and equipment for students and professional literature for parents and service providers

Students and parents play a critical role in planning and providing educational services.

3. Providing direct instruction to the student in basic skills areas, including curriculum needs, visual and auditory awareness, functioning, and efficiency
4. Providing instruction in the use of appropriate special materials and equipment
5. Interpreting the student's ophthalmological and audiological condition and the implications for educational programming
6. Providing ongoing assessment and communication with parents and the classroom teacher, including appraisal of growth and needs
7. Providing information as required regarding the student's needs and learning style
8. Facilitating communication with community and school services, supportive help, and resources
9. Providing information and technical assistance to students and parents as needed

Students and Parents or Guardians

Students and parents play a critical role in planning and providing educational services. Goals for the student who is deaf-blind will more likely be accomplished if a close working relationship exists between the staff and family.

The roles and responsibilities of the student who is deaf-blind are the following:

1. Becoming involved in all decisions about his or her education to the maximum extent possible
2. Providing information regarding his or her unique needs, strengths, and expectations
3. Participating to the maximum extent possible in the development of the IEP
4. Having high expectations about and work toward becoming as independent as possible
5. Giving feedback and suggestions about the instruction and services being provided
6. Seeking assistance when required
7. Using and taking care of auditory, visual, or other equipment and materials
8. Participating in group activities

The roles and responsibilities of parents or guardians include the following:

1. Participating actively on the transdisciplinary team and in the IEP process
2. Providing appropriate information regarding health, early developmental history, and ongoing student growth
3. Seeking appropriate medical intervention and services
4. Providing appropriate individual amplification and visual aids
5. Providing carryover experiences at home in skill acquisition
6. Communicating on a regular basis with the teacher and other service providers
7. Learning and using the communication system required by their child
8. Participating in the IEP process

Providers of Designated Instruction and Services

The providers of designated instruction and services described in the paragraphs that follow should have the necessary communication skills to work directly with students who are deaf-blind. If these skills are lacking, these persons need to use the appropriate personnel to assist in communicating with the student; for example, parent, teacher, interpreter, or aide.

Orientation and Mobility Specialist

The orientation and mobility specialist is responsible for:

1. Instructing the student in developing skills and knowledge that enable independent travel
2. Acquiring an appropriate method of communication with the student, including the incorporation of terminology for orientation and mobility
3. Providing support and consultation to the parents, educators, and other personnel working with the student
4. Assisting in environmental modifications and adaptations for the home and school
5. Providing instruction as appropriate in concept development, body imagery, laterality, directionality, environmental concepts, fine and gross motor skills, sensory awareness, spatial concepts, basic skills such as sighted guide and protective techniques, the use of residual vision, cane travel,

methods of traveling a route, mapping skills, travel in a variety of situations such as in residential and business areas as well as in the school environment, use of public transportation, use of a variety of community settings, emergency procedures, self-help skills, orientation skills for use at school and at home, and appropriate school behavior

The role of orientation and mobility includes:

1. Providing in-service training for all concerned with the student
2. Providing night evaluation and appropriate opportunity for the student to compensate for visual loss at night
3. Keeping appropriate records to follow a student's progress
4. Conferring on a regular basis with the parent, educators, and other personnel

Occupational Therapist

The occupational therapist uses medical information about a student and knowledge of developmental and educational concepts to develop activities to enhance the student's potential for learning. An occupational therapist assesses the physical, emotional, cognitive, social, and vocational domains of a student and matches the student's interests and abilities to increase independent functioning and growth. An occupational therapist's roles include:

1. Evaluating students with suspected educational handicaps to specify the need for and goals of an occupational therapy intervention program
2. Participating in transdisciplinary educational program planning for individual students to coordinate goals for occupational therapy and program plans with the total educational program
3. Implementing an intervention program to facilitate an individual's functioning and to enhance the student's ability to learn and develop
4. Consulting with school personnel and parents regarding services provided by occupational therapy
5. Managing and supervising school-based occupational therapy programs
6. Assisting with the transition to a mainstreamed environment

An occupational therapist serves as a consultant to the classroom teacher, mobility orientation specialist, and adapted physical education specialist. However, for the student who does not respond to the traditional educational program, occupational therapists augment the student's program with individual or group treatment specializing in the following:

- Structuring activities through which the child can internalize the concepts needed for training in mobility orientation and for activities of daily living (Examples of these concepts are directionality, laterality, motor planning, space, and awareness of body image.)
- Providing activities to develop the child's understanding of cause-effect relationships between the child's action and the environment (For example, flipping a switch causes a light to go on or pushing a ball causes it to move.)
- Promoting the development of fine motor skills as needed for signing or braille
- Providing experiences to ensure the progression of normal play
- Providing training in activities of daily living, including feeding, dressing, toileting, and play
- Performing job task analysis to provide a realistic appraisal of the compatibility between a student's skills and interests
- Providing experience in sensorimotor stimulation

Adapted Physical Education Specialist

Qualified adapted physical education specialists should provide diagnostic, habilitative, instructional, and consultative services for physical fitness, games, sports, rhythms, and dance. Services are provided to students who are deaf-blind when the need is determined by the IEP team and when services are specified in the IEP. The roles and responsibilities of the adaptive physical education specialist include:

- Being knowledgeable about the unique needs students who are deaf-blind have in developing sensorimotor skills
- Consulting with the teacher of students who are deaf-blind, the orientation and mobility specialist, and the occupational or physical therapist to share needed information and coordinate the services that these persons may provide

- Providing information about specialized or adapted physical education equipment for students who are deaf-blind

Eye Specialist

The eye specialist is a licensed ophthalmologist or optometrist who conducts examinations of vision and provides reports of the results to parents and appropriate school personnel. Some optometrists and ophthalmologists specialize in low vision and have the necessary equipment, expertise, and staff to assess low vision and prescribe aids. Follow-up instruction on the use of these aids is critical.

Audiologist

The services of an audiologist are an integral part of the educational program for a student who is deaf-blind.

The audiologist has responsibilities for services that include:

1. Conducting comprehensive hearing evaluations
2. Coordinating or providing aural rehabilitation and habilitation for the individual who is deaf-blind
3. Monitoring hearing levels, auditory behavior, and amplification for all students who are deaf-blind and who require personal or group amplification in the instructional setting
4. Planning, organizing, and implementing an audiological program for individuals with auditory dysfunctions, as specified in the individualized educational program
5. Providing consultative services to staff and parents regarding test findings, amplification needs and equipment, otological referrals, home training programs in auditory skill development, acoustic treatment of rooms, and coordination of audiological services to individuals who are deaf-blind

An audiologist must hold a valid credential with a specialization in clinical or rehabilitative services in audiology or a certificate of clinical competence (CCC) in audiology or hold a California license in audiology.

Language, Speech, and Hearing Specialist

Credentialed language, speech, and hearing specialists who work with students who are deaf-blind should provide diagnostic, habilitative, and consultative services when the need is determined by the individualized educational program (IEP) team and when provision for these services is specified in the IEP.

The responsibilities of a language, speech, and hearing specialist include:

1. Identification, screening, and initial assessment in speech, language, and hearing
2. Participation as a member of the IEP team when requested by the IEP team
3. Provision of scheduled specialized language, speech, and hearing services for students who are deaf-blind and whose assessed needs include auditory training and devices for special reading augmentative communication; for example, a picture board
4. Assistance to the teacher in providing a functional communication and formal language program
5. Provision of ongoing assessment and evaluation procedures as appropriate
6. Provision of consultative services to students, parents, teachers, or other school staff to assist in structuring a communication program at school and at home

The language, speech, and hearing specialist should:

1. Demonstrate knowledge in aspects related to deaf-blindness.
2. Demonstrate effective communication techniques with the students who are deaf-blind.
3. Show competence in making necessary test adaptations for the deaf-blind student and in documenting how materials and procedures were adapted in the assessment.

School Nurse

The school nurse has the competencies needed for this position, as given in the requirements for the state credential.

The school nurse's specialized responsibilities include the ability to:

1. Demonstrate effective communication techniques with students who are deaf-blind, either directly or with an interpreter.
2. Establish procedures for screening hearing and vision and for determining etiology.
3. Provide a summary report of the current specialized health needs of the student.

All efforts will be directed at using nonaversive behavioral interventions.

4. Serve as an instructional resource to staff and agencies regarding health education for deaf-blind students.
5. Serve as a resource to the staff and parents regarding community resources for health and welfare services for students who are deaf-blind.

Career-Vocational Specialist

The career-vocational specialist should develop and implement programs that will provide vocational experiences for students who are deaf-blind.

The career-vocational specialist should:

1. Design and put into effect a program-wide career-vocational education program within the structure of the existing curriculum.
2. Conduct individual career-vocational assessments.
3. Use career assessment results in recommendations for goals and objectives.
4. Find job sites for training and supportive work that provide for a student's needs, interests, and potential.
5. Assist classroom teachers with the assessment of career awareness, interests, and aptitudes.
6. Provide consultation and assistance to the employer to maximize a student's success on the job.
7. Assist classroom teachers with the use of results from career-vocational assessments at various levels.
8. Identify and obtain career education materials for use in the classroom.
9. Identify and obtain materials for staff in-service training at all sites where students are placed (the training includes the employer).
10. Establish a career education resource center.

A smooth movement from school to adult life through planning and programming for this transition is the goal for every student who is deaf-blind. The student's success with the transition depends on the involvement of public and private community resources.

Program Specialist

To serve as a resource to the providers of services, the program specialist should have an in-depth knowledge of the unique educational needs of students who are deaf-blind. Because of the low incidence of the deaf-blind populations, teachers providing services are generally isolated and need support, resources, technical assistance, and in-service training. The program specialist may coordinate the IEP team, assist teachers and parents, locate resources, develop assistance from agencies, provide in-service training, assist with presenting the curriculum and adopting the core curriculum, develop graduation standards, and so forth.

Psychologist

A state-credentialed school psychologist working with students who are deaf-blind, their families, and teachers should be:

1. Knowledgeable in the psychological and sociological aspects of deaf-blindness and understand their implications
2. Competent in understanding the individual student's communication skills necessary for developing a counselor-client relationship and for administering assessment batteries, tools, or inventories in the student's primary language
3. Knowledgeable in the selection and use of a variety of assessment instruments and strategies appropriate for students who are deaf-blind
4. Skilled in making the necessary adaptations for assessing students who are deaf-blind
5. Skilled in developing and monitoring an individual student's behavioral plan
6. Skilled in implementing formal and informal assessment techniques to measure progress
7. Knowledgeable about resources within the community to assist the family

The psychologist may assist the teacher, as needed, in the program development, staff training, implementation, data collection, monitoring, evaluation, and revision of a behavioral program. All efforts will be directed at using nonaversive behavioral interventions (see "The Behavioral Management Plan" on page 11). Appropriate documentation of all procedures should be completed.

The primary role of the psychologist working with students who are deaf-blind is to assist parents and teachers in helping the student to learn. The psycholo-

gist should assess the student's functional level in relevant classroom and community activities and environments to diagnose educational and behavioral problems. The psychologist administers individual tests of intellectual and social/emotional functioning to diagnose educational problems, develops preventive and remedial approaches, assesses growth, describes behavior, and assists in developing an individualized behavioral plan. If such a psychologist is not available within the district, the SELPA should arrange for one with the necessary qualifications to participate in the assessment.

Aides and Interpreters

Special education aides, working under the daily direct on-site supervision of the teacher or specialist, are vital providers in the educational program for students who are deaf-blind. The aides may also function as tutors or interpreters and assist the student in mastering skills such as those necessary for mobility, adapted physical education, or recreation. Aides should demonstrate competencies to provide effective communication with a student who is deaf-blind, assistance in carrying out the instructional program, and assistance with tutoring.

Aides should receive appropriate training in meeting the needs of the students whom they serve and be involved in planning the daily instructional program.

Ancillary Staff in Residential Programs

The roles and responsibilities of ancillary staff members in residential programs will vary, depending on the requirements of the agency in which they work. However, to work effectively with students who are deaf-blind, these personnel must have the requisite communication skills and be knowledgeable about how to carry out a behavioral plan. Examples of ancillary staff positions are described in the next paragraphs.

Dormitory or Ward Personnel

Dormitory or ward personnel, including psychiatric technicians in state hospitals, are responsible for students' health, safety, and well-being when students are not in school. Because these staff members engage in activities with students similar to those normally provided by parents, the staff should be able to communicate effectively with students, notice unique needs, and coordinate with instructional personnel, particularly regarding daily living skills so that a consistency in expected behavior occurs.

Food Service Staff

Food service staff plan, prepare, and serve meals to students. Diets should be monitored to meet students' special needs. Food service staff should coordinate with instructional staff, when appropriate, in reinforcing eating, cooking, cleaning, and vocational or cafeteria skills.

Health Services Staff

Health services staff are responsible for the health and medical needs of students and should communicate with appropriate personnel regarding students' changing health or medical needs, particularly medications and special health care needs.

CHAPTER FOUR

Organizing and Supporting Instruction and Services

Educational planning for students who are deaf-blind presents a challenge to those who have responsibilities for the coordination and delivery of services. The deaf-blind are a low-incidence population that requires highly specialized services. The problem of educational planning is compounded by the shortage of trained personnel; low numbers of the population; geographic location of the population; inadequate funding for growth, materials, and equipment; and lack of incentives for preparing teachers.

Staff from special education local plan areas (SELPAs) should consider establishing a cooperative for providing needed instruction and services in an efficient and cost-effective manner.

Regionalization

Regionalization is a particularly important concept for persons serving students who are deaf-blind because this population constitutes the smallest incidence group spanning a wide range of ages and abilities. New programs for students who are deaf-blind should be planned, and existing programs may need to be modified so that necessary instruction and services can be provided through coordinated administrative services on a regional basis. The program specialist may play a significant role in developing and maintaining a strong regional program for students who are deaf-blind.

Administrative Roles and Responsibilities

In this section the administrative roles and responsibilities are examined for the special education local plan area (SELPA), the supervisor of personnel serving deaf-blind students, and the site administrator or designee.

Special Education Local Plan Area

Staff members from each SELPA submit a local plan to the Superintendent of Public Instruction. The local plan includes:

- A description of services to be provided by each district and county office. This description may demonstrate that the SELPA is of sufficient size and scope to ensure that all individuals within its jurisdiction who have exceptional needs, including

At any level the educational program must be individualized to meet the unique needs of each student.

students who are deaf-blind, have access to services and instruction appropriate to meet their needs, as specified in their individualized educational programs. Responsibility for consultation services for special education programs and support services for students who are deaf-blind must be clearly defined, including, when necessary, provisions for coordinating with adjacent SELPA(s), other public agencies, and other states or for contracting with private agencies (see Appendix B,"Resources for Technical Assistance").

- A description of the governance and administration of the plan. The roles and responsibilities of SELPA district and county special education administrators are unique to each SELPA.

Supervisor of Personnel Serving Deaf-Blind Students

The supervisor of personnel serving deaf-blind students should know about the unique educational needs of students who are deaf-blind (for example, how to obtain funding and materials for low-incidence populations) and the roles and responsibilities of the personnel being supervised so that the supervisor may assist in improving instructional programs and support services (see Appendix E, "Sources of Funding and Materials and Equipment," in the *Program Guidelines for Visually Impaired Individuals* for information about obtaining funding for materials and equipment).

Site Administrator or Designee

The site administrator or designee has the following roles and responsibilities:

- Is knowledgeable about:
  The basic needs and unique educational needs of students who are deaf-blind
  The roles and responsibilities of the teacher of the deaf-blind and other staff working with these students
- Assists in the coordination of all instruction and services in the school, including regular course of study, instruction, and special services (such as migrant; Chapter 1, Education Consolidation and Improvement Act [ECIA]; bilingual education; and special education) (Alternative means or modes for meeting proficiency standards or differential standards appropriate for students who are deaf-blind are also included.)
- Assists in promoting and supporting the least restrictive environment by assisting the school in accepting the student, special education staff, and parents of students who are deaf-blind as part of the school and providing opportunities for participation in all school activities
- Provides facilities, materials, and equipment which are appropriate for meeting the unique needs of deaf-blind students

Least Restrictive Environment

Deaf-blind individuals need normal environments that will assist them in building skills for independence. The least restrictive environment fosters communication; social, emotional, and functional life skills; academic growth and development; and independence. No single environment can meet the needs of all students who are deaf-blind. The degree of visual impairment and hearing loss, the age of onset, physical and motor involvement, communication level, and the abilities and motivation of the student will influence the selection of that environment. The law requires each student to be served in a setting that provides the maximum opportunities for interaction with nonhandicapped individuals and groups as long as the individual's unique needs are met.

Because the unique needs of the individual determine the selection of a particular program option or placement, a continuum of placement options and services must be available and should be monitored on a regular basis.

Continuum of Services

At any level the educational program must be individualized to meet the unique needs of each student. All staff members should have the specialized requisite communication skills. Education should be focused on age-appropriate skills and occur in natural environments. Furthermore, efforts should be made to provide students with a means for a systematic transition from one school environment to the next. The continuum of services ranges from infant services to preschool, elementary, and secondary programs. Each of these services is discussed in the next section.

Infant Services

Early intervention programs are critical for effecting educational changes, family support, and medical intervention for the deaf-blind child. Early intervention programs should have a well-defined program philosophy with a family focus. The young child's primary learning environment is the home, and support to the family and direct services for the child should assist in strengthening the family's relationship. Public and private agencies provide counseling services and educational guidance to families of deaf-blind infants.

A home-based program should be provided until the infant and family are ready for transition to a center-based program that continues the home-based instructional component. The frequency of home visits depends on a family's needs; however, visits should be made weekly for infants from birth to seventeen months and twice monthly for children who are eighteen months through three years of age. Home visits should include:

1. Instructing the parent in developing daily living skills for the child
2. Assisting parents in seeking parent groups
3. Teaching communication skills to the family
4. Encouraging siblings to interact with their deaf-blind sibling
5. Observing the child in the natural environment
6. Facilitating development of interaction between the parent and child
7. Modeling and demonstrating ways to stimulate residual vision and hearing through play
8. Interacting with the family to exchange information
9. Assisting parents in becoming strong advocates for their infant
10. Providing emotional support throughout the process of understanding and coping with the ongoing needs of the infant who is deaf-blind
11. Making the transition for the child to a center-based program

Preschool Programs

A preschool-level program (from ages three to five) is required for all children who are deaf-blind. This program should be held in school unless the child is unable to tolerate a classroom setting. Professional personnel working with these children should have the appropriate competencies and additional training in early childhood education as well as the requisite communication skills.

A well-defined program model and philosophy for infants and preschool children who are deaf-blind include:

1. A transdisciplinary team approach for assessment, IEP development, and implementation
2. Program options to provide the least restrictive environment, including opportunities for interaction with nonhandicapped and handicapped peers
3. Transdisciplinary services for home and school
4. Curriculum content that is relevant and based on experiential learning*
5. Emphasis on parent involvement
6. Interagency coordination
7. Programming to promote the functional use of vision and hearing
8. Involvement of families with role models who are deaf-blind
9. Administrative support for participation in in-service training
10. Emphasis on the development of communication skills
11. Opportunities to learn through play and through recreational and leisure skills
12. Self-help skills
13. Motor skills
14. Orientation and mobility skills
15. Parent and caretaker education and counseling
16. A variety of opportunities for community-based experiences
17. Management strategies for behavior.

Elementary Programs

In addition to the program components delineated for infant and preschool programs, an elementary program should include:

- An academic program that supports the district's core curriculum when appropriate and/or addresses functional and critical skills in natural environments
- Opportunities for participation in integrated after-school programs, such as those sponsored by the Boy Scouts and Girl Scouts organizations and by parks and recreation departments

* A few curricula appropriate for deaf-blind students are commercially available. (See Appendix G, "Review of Curriculum for the Deaf-Blind," and Appendix H, "Selected References.")

A full range of program options should be available with the necessary support services.

- Development of career education and vocational skills

Secondary Programs

In addition to the program components for infant, preschool, and elementary students, a secondary program should include:

- Opportunities to achieve maximum benefit from the core curriculum
- Graduation standards and proficiencies appropriate for students who are deaf-blind
- Opportunities for on-site and community-based vocational training and/or supported work
- Education for students, parents, or care providers about transition from school to work to include the provision of individual transition plans for post-school life, appropriate adult services, and involvement of agencies as part of the planning

Program Options

Students who are deaf-blind have a wide range of educational needs. A full range of program options should be available with the necessary support services within a transdisciplinary model to assist the student in any setting. These services may include:

1. Consultation by a deaf-blind education specialist
2. Behavioral services and strategies
3. Specialized communication needs
4. Audiological services
5. Orientation and mobility services
6. Community-based instruction
7. Interpreter services
8. Adapted physical education
9. Specially trained aides to assist the student
10. Career education specialist

The program options discussed in the next paragraphs are special class for the deaf-blind; special class for the severely handicapped; special class for the visually impaired; special class for the hearing impaired; resource specialist program; regular class; and special schools, such as state schools, state hospital or developmental center programs, nonpublic schools or agencies, and home and hospital instruction.

Special Class for the Deaf-Blind

Students who are deaf-blind may begin their education in a program with teachers who have credentials in deaf-blind education. The class is specially designed for students who are deaf-blind, and the special class teacher provides a highly structured, individualized program with an analytical approach to task acquisition.

Special Class for the Severely Handicapped

Students who are deaf-blind may be enrolled in a special class for severely handicapped students when the severity of combined or additional handicaps is such that the needs of these students can best be met in this program. This placement may possibly increase opportunities for socialization and interaction with nondeaf-blind peers. The communication needs can best be met when the instructional staff members have the competencies to communicate with the student who is deaf-blind. To ensure that instructional components are provided, this program option must include the designated instruction and services support of a teacher of the visually impaired, a teacher of the hearing impaired, and a behavioral specialist. Orientation and mobility training and occupational or physical therapy must be provided as well.

Special Class for the Visually Impaired

Students who are deaf-blind may be enrolled in a special class for visually impaired students. Because of the deaf-blind student's intensive needs, specialized instruction may be required for all or most of the school day. To ensure that the aforementioned instructional components are addressed, this program option must include designated instruction and services support by a teacher of the hearing impaired and other specialists who are knowledgeable about students who are deaf-blind.

Special Class for the Hearing Impaired

Students who are deaf-blind may be enrolled in a special class for hearing-impaired students. Because of the students' intensive needs, specialized instruction may be required for all or most of the school day. To ensure that the aforementioned instructional components are addressed, this program option must include

designated instruction and services by a teacher of the visually impaired and other specialists knowledgeable about students who are deaf-blind.

Resource Specialist Program

Students who are deaf-blind may be enrolled in a resource specialist program if they can be successfully mainstreamed during the majority of the school day in a regular classroom setting and participate in regular school activities. This individualized and small-group program can provide specialized instruction in the academic areas for less than one-half of the school day. This program option should include designated instruction and services by a teacher of the visually impaired, a teacher of the hearing impaired, a teacher of the deaf-blind, and other specialists.

Regular Class

Students may require specialized itinerant services from the teacher of the deaf-blind, the hearing impaired, and/or the teacher of the visually impaired. Additional designated instruction and services may be required from an adapted physical education specialist; a speech, hearing, and language specialist; a counselor; a nurse; an audiologist; and an interpreter.

Specialized equipment and materials will be needed for the student's use in most settings.

To function satisfactorily in the regular class, the deaf-blind student should demonstrate:

1. An appropriate level of communication skills
2. Academic skills at or near grade level
3. Appropriate social skills
4. An intellectual level near that of peers

The regular classroom teacher and the previously mentioned specialist(s) should provide activities that promote mutual understanding and sensitivity among handicapped and nonhandicapped students.

Special Schools

Students may be enrolled in a special school with programs for students who are deaf-blind. These students may have needs which require specialized instruction and support services beyond those that can be provided in the local school program. Students enrolled in special school programs should have access to programs in local schools and other community settings near the special school. This arrangement provides frequent and ongoing opportunities for integration with nondisabled peers of similar ages. Some special school programs are offered on a day program basis; for example:

1. A special school in a local educational agency
2. A special school provided by a cooperative regional program

Other types of special school programs may be offered on a day or residential basis; for example:

1. State schools such as the California School for the Deaf
2. State hospital or developmental center programs
3. Nonpublic schools or agencies
4. Home and hospital instruction

State schools. Students who are deaf-blind may be considered for enrollment in one of the state schools that serves the hearing impaired student, the visually impaired and/or multihandicapped hearing impaired student, and students who are deaf-blind. Students may be enrolled in these schools when the programming of the state school meets the student's needs that cannot be provided elsewhere.

Some factors to consider for this option are:

1. Appropriate services cannot be provided in the local plan area.
2. Excessive travel time or distance is required for the student to receive services at the local level. A deaf-blind child should not be required to spend more than one hour in travel time from home to school or from school to home.
3. The age of the student is not within the age range of the other students in the local program.
4. The home environment needs additional support not available in the local community.

State hospital or developmental center programs. State hospital or developmental center programs may provide specialized training for deaf-blind and sensory impaired individuals with other severe and profound disabling conditions that preclude proper treatment or training for these persons in the previously named settings. Placement is initiated through the California Regional Centers for the Developmentally Disabled.

These facilities provide a training program in a residential setting on a 24-hour basis. The long-term

The physical environment for students who are deaf-blind should be safe, provide motivation for movement and exploration, and encourage maximum use of residual senses.

objective, when appropriate, is to return the resident to the community in either his or her own home environment or in a foster or group home setting.

Nonpublic schools or agencies. Nonpublic schools may be a program option when the student's needs cannot be met by a public educational agency. Other services may be provided by certified nonpublic schools and agencies when such services are not available within the public sector; for example, orientation and mobility instruction, instruction in daily living skills, and infant and preschool services.

Home and hospital instruction. Some students who are deaf-blind and have other severe health impairments may have prolonged absences because of surgery or other medical treatments. Some are susceptible to respiratory problems and other infections; others may need time to recover from surgical procedures. Thus, a student may require a lengthy stay in the hospital, at home, or in a combination of both. An individualized educational program (IEP) team considers home instruction when a physician's statement indicates that, because of a medical need, the student should remain at home for a certain length of time. When home and/or hospital instruction is required, an itinerant teacher with competencies to work with the deaf-blind should be assigned.

Caseloads and Class Sizes

When a student who is deaf-blind is enrolled in a special class, the following should be considered in determining caseloads and class sizes:

1. Students who are deaf-blind do not learn vicariously. Each concept must be presented experientially.
2. Students who are deaf-blind generally require individualized instruction, but they may benefit from small-group activities.
3. Specialized communication systems may require one-on-one instruction for communication to take place.
4. When students who are deaf-blind are given free time, they have to be taught how to use it.

The following teacher-to-pupil ratio is suggested for special classes for children who are deaf-blind:

Special classes for students who are deaf-blind	*Ranges for class sizes and caseloads*
Full-time, home-based infant program	6 to 10
Infant/toddler center-based program	3 to 4
Preschool	3 to 4
Elementary school	3 to 5
Secondary school	3 to 5

Instruction in special classes should be conducted by teachers with credentials in deaf-blind education. Full-time, specially trained instructional aides should be provided who have the knowledge, experience, and/or competency in communicating with students who are deaf-blind. When a student who is deaf-blind is placed in any other special class, a specially trained instructional aide should be assigned to assist the student.

Facilities and Materials

This section contains a discussion of the facilities and materials needed for students who are deaf-blind. The physical environment, tactile/sensory area, and special equipment and materials are examined.

Physical Environment

The physical environment for students who are deaf-blind should be safe, provide motivation for movement and exploration, and encourage maximum use of residual senses. This environment should remain unchanged, enabling the child to become confident in familiar surroundings.

The classroom should have adjustable nonglare lighting that will allow for an increase or decrease of illumination according to individual needs. Furniture should be appropriate for the age level of students in the classroom and arranged to provide direct, unobstructed routes. Contrasting color facilitates orientation and visual attention, and colored tape and covered rope floor markings aid in students' classroom mobility. The outdoor environment should have landmarks to identify drop-offs (edges of curbs), gradients, and other unusual environmental obstacles.

Because students who are deaf-blind do not always hear fire alarms, bells, or oral commands, other signaling devices are necessary to alert the student.

Because individual hearing aids or auditory training equipment is used by individuals who are deaf-blind,

special consideration should be given to the control and reduction of ambient noise and intrusive sound from fluorescent light ballasts, mechanical equipment, outside noises, and so forth. Carpeting and acoustical tile will permit the best use of audiological devices. Generally, self-contained classrooms are better than open classrooms for an appropriate acoustical environment.

Tactile/Sensory Area

A tactile/sensory area in the room is beneficial for the young child. This area could include tactile tunnels, textures mounted on walls or on the floor, crawl spaces, and containers that children can fit in filled with various materials; for example, Ping-Pong balls, foam packing materials, or materials from the natural outdoor environment.

A sound-proofed room may be used as a darkroom for visual and auditory training. The room should be equipped with a sound system that would include microphones, headsets, sound sources, speakers, tape recorders or record players, as well as lights for reinforcers, projectors, and visual tracking materials.

Special Equipment and Materials

A variety of tactile, auditory, motor, and visual materials and equipment is required to meet the individual needs of each student. The following list of materials and equipment suggested for classroom use is not meant to be totally inclusive, nor would all items listed be appropriate for all students. The interaction of handicapping conditions as well as present and future needs of each child must be considered to determine the appropriateness of the following materials and equipment:

1. Abacus
2. Auditory trainers (compatible with other hearing aids)
3. Beep balls
4. Battery testers, stethoscopes, ear mold cleaning materials
5. Braille material and brailler
6. Calculators
7. Closed circuit television–closed captioning
8. Communication boards
9. Computer with speech synthesizer
10. Educational television receiver with caption decoder
11. Illumination devices such as black light and fluorescent materials
12. Language master
13. Large-print material
14. Light boxes
15. Long canes
16. Mats and social bowls (large [6 ft. (1.8 m)] foam and vinyl high-walled bowl shapes)
17. Magnification aids
18. Optacon
19. Optical aids
20. Projectors: 8 mm, filmstrip, opaque, overhead, or slide
21. Reading machines
22. Record players with multiple speakers
23. Scanning aids
24. Slate and stylus
25. Sensory kits available from the American Printing House for the Blind
26. Synthesized speech devices
27. Tachistoscope
28. Tactile stimulation, including graphics or markers or use of the skin to convey information
29. Talking book machine
30. Talking calculator
31. Tape recorder
32. TDD/Telebraille devices
33. Thermoform machine
34. Toys, age appropriate and calibrated to decibel levels as well as cause-effect toys with visual, auditory, and tactile properties
35. Typewriter
36. Vibration boards and devices
37. Versabraille
38. Camera and videotape recorder
39. Shoulder lamp for night travel
40. Computers with hard disk
41. Software
42. Screen magnifier for computer
43. Printer
44. Braille printer
45. Braille display processor

Staff Development

Staff development, on the basis of an annual needs assessment, should be provided for all personnel working with students who are deaf-blind. These personnel

Involving the family members as decision makers and as active participants is critical to the child's success and that of the program as a whole.

should participate in the needs assessment and the resulting activities. In-service training in areas of determined needs, as well as opportunities for coursework, visits to model programs, and workshops, should be provided on a regular basis. Personnel should participate in those activities pertinent to assigned roles and responsibilities.

All personnel working with students who are deaf-blind must have knowledge and understanding of the significance of these concomitant handicapping conditions as well as of the methods fundamental to educating these students, especially the requisite communication skills. Staff support programs are needed to assist in the development of interdisciplinary teams and parent-professional relationships; increase staff cohesiveness; implement realistic, meaningful educational goals and objectives; and develop individual instructional strategies.

An initial needs assessment may include the following areas:

1. Interviews with parents to help identify the family's needs and to determine domestic, leisure, recreational, vocational, and community needs of the student
2. Interaction strategies with families and care providers to elicit information
3. Use of assessment tools for hearing and vision
4. Implementation of sensory stimulation programs
5. Use of special aids or equipment unique to students who are deaf-blind
6. Use of specialized communication systems, including total communication, tactile, cued speech, and picture communication
7. Positive behavioral management techniques
8. Implementation of a functional critical skills model

Parent Education

Involving the family members as decision makers and as active participants is critical to the child's success and that of the program as a whole. Research studies have shown that children make greater progress and maintain those gains when parents are recognized members of the assessment and of the individualized educational program planning team.

Parent education and training services to parents can be divided into four major areas: social/emotional support, exchange of information, promotion of parent participation, and improvement or extension of parent and student interactions. The general goal for service to parents is self-sufficiency in promoting what is best for their child.

The person responsible for coordinating and providing parent education:

1. Conducts an assessment of parental needs and strengths
2. Arranges for information programs according to parents' priorities
3. Provides resource personnel for educational programs
4. Arranges for support groups to meet emotional needs
5. Collects written material on topics of parental interest or need
6. Acts as a public relations person in creating awareness to the community on identification and implication of a hearing impairment
7. Develops or expands a parent library or resource room
8. Provides opportunities for hands-on training and observation of teaching skills

The responsibilities listed previously may be assumed by the program coordinator or supervisor, the program specialist, the guidance counselor, or other personnel as deemed appropriate. Having one person responsible for facilitating parent education is desirable.

Program Evaluation

An evaluation component should be designed to provide information about the effectiveness of the delivery of services to individuals who are deaf-blind. Program effectiveness may be measured by:

1. Student progress reports and attainment of the goals in the IEP
2. Formal student assessment
3. Informal student assessment
4. Follow-up studies of graduating students
5. Surveys of parents

6. Student feedback
7. Teacher evaluation
8. Coordinated compliance review and quality review with the use of the guidelines
9. Self-review

The evaluation process should encompass all areas outlined in this document. The basis for the evaluation should be the standards appearing in each chapter and in the "Self-review Guide" in Appendix A. When a self-review is conducted, questions should be developed for interviewing administrators, special and regular education staff, and parents and for reviewing students' records and other documentation.

Evaluations are conducted by those knowledgeable about deaf-blindness, including program specialists, educational specialists, and consultants.

These guidelines shall be considered when programs serving students who are deaf-blind are reviewed by staff from the State Department of Education. The Department shall provide technical assistance to parents, teachers, and administrators in implementing these guidelines. For further information, one should contact the Special Education Division, California State Department of Education. Technical assistance may also be provided by educational specialists from the California Deaf-Blind Services in the Special Education Division of the Department.

Network Development

Professionals serving individuals who are deaf-blind need the support of a professional organization. Such an organization can be an advocate for defining and promoting those services which are essential for the education of students who are deaf-blind. Developing a network is essential for interaction among all individuals working in related fields, including organizations serving the severely handicapped, visually impaired, or hearing impaired populations. This network will offer an opportunity for the exchange of information.

APPENDIX A

Self-review Guide

This self-review guide contains criteria for evaluating the components of the preceding chapters and may be used for self-evaluation and as a needs assessment. Included in this guide are a listing of the criteria, a scale for rating the effectiveness of the program, and a section for comments.

A program review process may be conducted by a team that includes personnel working with students who are deaf-blind, program specialists, parents, and personnel from public and private agencies. The local educational agency (LEA) may use a similarly constituted team from outside the district to ensure an impartial self-review.

To rate the level of effectiveness of a criterion, program reviewers should place beside each criterion one of the numbers shown under the column heading "Status." Footnotes show the rating that each number represents. An explanation for each rating follows:

- *Highly effective.* A program rated as highly effective provides exemplary practices that may serve as a model for other programs.
- *Effective.* A program rated as effective provides current practices that are satisfactory in meeting laws, regulations, and the spirit of law.
- *Somewhat effective.* A program rated as somewhat effective needs improvement.
- *Ineffective.* A program rated as ineffective needs change and strategies to bring about program improvement. Identifying resources and personnel, establishing goals to improve the program, and enhancing collaborative action should be a part of the process for making needed changes.

Chapter One—Identifying Individuals Who Are Deaf-Blind

Criteria	*Status** 4	3	2	1	*Comments*
How effective is your program in providing for each of the following:					
I. Locating, identifying, and referring students who are deaf-blind:					
A. Documenting the etiology of students who are deaf-blind?					
B. Establishing a child-find system that is coordinated with services provided by other public or private agencies?					

*Status: 4 = Highly effective, 3 = Effective, 2 = Somewhat effective, 1 = Ineffective. See the preceding text for further explanation of these ratings.

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Criteria	Status* 4	3	2	1	Comments
C. Screening of all students for hearing and vision?					
II. Referring for assessment, which includes:					
A. Medical history, including vision and auditory functioning?					
B. Developmental history?					
C. Educational history?					
D. Social/emotional history?					
Chapter Two—Assessing Unique Educational Needs					
How effective is your program in providing for each of the following:					
I. Providing an assessment that includes:					
A. Determining a process for review of:					
1. Case histories?					
2. Information related to acuity and function of hearing and vision and the need for further testing?					
3. Students' interactions within the home, school, and community environments?					
B. Using personnel who are knowledgeable about deaf-blindness?					
C. Ensuring that the transdisciplinary assessment team includes:					
1. Parents or care providers?					
2. Educational specialists, among whom should be one or more of the following when appropriate:					
a. Teacher of the deaf-blind?					
b. Teacher of the hearing impaired?					
c. Teacher of the visually impaired?					
d. Psychologist?					
e. Audiologist?					
f. Speech and language specialist?					
g. Orientation and mobility specialist?					
h. For children below age three, a diagnostician with knowledge about early childhood development and the impact of hearing and vision loss?					
i. Medical specialists?					

*Status: 4 = Highly effective, 3 = Effective, 2 = Somewhat effective, 1 = Ineffective. See page 32 for further explanation of these ratings.

Criteria	Status* 4	3	2	1	Comments
Chapter Two—Continued					
j. Vocational specialist?					
k. Behavioral specialist?					
D. Considering the following variables when students who are deaf-blind are assessed:					
1. Etiology?					
2. Congenital or adventitious causes of deaf-blindness?					
3. Degree of hearing loss or vision loss?					
4. Other handicapping conditions?					
5. Home environment, including primary language?					
6. Communication model(s) and proficiency?					
7. Amplification status?					
8. Low vision needs?					
9. Student behavior in various settings?					
10. Possible need for extended time to build rapport, discover communication strategies, and establish a baseline of learning?					
E. Selecting appropriate assessment tools, including:					
1. Formal or standardized tests?					
a. Including modifications?					
b. Using modifications when testing:					
(1) Different mode of communication?					
(2) Different method of presenting the test?					
(3) Asking questions at the students' levels of communication?					
2. Informal tests, including observation and multiple assessment tools:					
a. Selecting informal tests designed or adopted for this population?					
b. Evaluating students in natural environments?					
c. Including parents or guardians in the interview?					

*Status: 4 = Highly effective, 3 = Effective, 2 = Somewhat effective, 1 = Ineffective. See page 32 for further explanation of these ratings.

Criteria	Status* 4	3	2	1	Comments
F. Ensuring that the following areas of assessment are provided:					
1. Health status?					
a. Orthopedic?					
b. Hearing?					
c. Vision?					
d. Neurological?					
e. Nutrition?					
f. Dental?					
g. General health?					
2. Motor skills?					
a. Gross motor; for example, body awareness, spatial awareness, balance, visual motor skills, motor planning, endurance, flexibility, and recreational skills?					
b. Fine motor; for example, eye-hand and finger coordination?					
3. Function and acuity of hearing?					
a. Gathering of data?					
b. Giving tests at suggested testing intervals?					
c. Testing:					
(1) Evaluating students' hearing?					
(2) Diminishing ambient noise in a classroom or instructional setting?					
(3) Monitoring of amplification?					
(4) Checking individual aids and group aids?					
d. Evaluating the functional use of residual hearing?					
4. Function and acuity of vision?					
a. Retrieval of data?					
b. Testing of students' vision:					
(1) Acuity of vision?					
(2) Function of vision?					
c. Modalities?					
d. Evaluation with low vision aids or adaptive devices?					
5. Communication skills?					

*Status: 4 = Highly effective, 3 = Effective, 2 = Somewhat effective, 1 = Ineffective. See page 32 for further explanation of these ratings.

Criteria	Status* 4	3	2	1	Comments
Chapter Two—Continued					
a. A description of a student's expressive and receptive skills, such as using:					
(1) Auditory stimuli?					
(2) Visual stimuli?					
(3) Tactile information?					
(4) Observation of nonverbal and verbal behavior in natural environments?					
(5) Formal and informal tests when appropriate?					
(6) Augmentative communicative systems?					
b. Use of pragmatics?					
6. The assessor of communication should be skilled in:					
a. Eliciting, receiving, and analyzing communication from students?					
b. Identifying communication behaviors, including modalities?					
c. Analyzing linguistic structures, including:					
(1) Phonology?					
(2) Morphology?					
(3) Syntax?					
7. Self-help and daily living skills, including:					
a. Personal welfare?					
b. Personal hygiene?					
c. Eating skills?					
d. Dressing skills?					
e. Clothing care?					
f. Housekeeping or domestic skills?					
g. Food preparation?					
h. Interpersonal relationships?					
i. Responsible behavior?					
j. Social communications?					
8. Academic skills, including:					
a. Written language?					
b. Mathematics?					
c. Reading?					

*Status: 4 = Highly effective, 3 = Effective, 2 = Somewhat effective, 1 = Ineffective. See page 32 for further explanation of these ratings.

Criteria	Status* 4	3	2	1	Comments
d. Study?					
e. Core curriculum subjects?					
9. Psychological processes, including:					
a. Intellectual functioning?					
b. Developmental level?					
c. Social/emotional maturity and behavioral skills?					
d. Adaptive behavior?					
e. Learning style and rate?					
f. Required adaptations for learning to occur?					
10. Orientation and mobility, including:					
a. Concepts of body image?					
b. Movement skills?					
c. Concepts of mobility?					
d. Spatial concepts?					
e. Sensory integration?					
f. Environmental awareness?					
g. Concepts of time?					
i. Social awareness?					
j. Behavior in the environment?					
11. Vocational skills, including:					
a. Level of ability:					
(1) Attention to task?					
(2) Ability to follow directions?					
(3) Work habits?					
(4) Accuracy and speed?					
(5) Independent task completion?					
(6) Means of communication on the job?					
(7) Level of expressive or receptive comprehension?					
(8) Adaptations required to maximize a student's output?					
b. Consideration of components included to ensure appropriate worker behavior:					
(1) Provision of support services?					
(2) Means for a student to understand work-related vocabulary and directions?					

*Status: 4 = Highly effective, 3 = Effective, 2 = Somewhat effective, 1 = Ineffective. See page 32 for further explanation of these ratings.

Criteria	Status* 4	3	2	1	Comments
Chapter Two—Continued					
(3) Organization of materials for a student's needs?					
(4) Opportunities for a student working in a group?					
(5) Use of a token economy?					
(6) Student's orientation to a work environment?					
G. Preparing a written summary report, including:					
1. Recommendations as a result of informal and formal assessments to include interviews with family members or others who provide care?					
2. Findings and recommendations for a behavioral plan, specialized services, materials, and equipment?					
3. Consideration of long-term needs based on a student's anticipated future environments, including each family's needs and preferences?					
a. Planning includes parents or care providers, education staff, and outside agencies; for example, mental health rehabilitation?					
b. Responsibility for coordination of long-term planning or transition activities that have been assigned?					
Chapter Three—Providing Instruction and Services					
How effective is your program in ensuring that the following service providers understand the unique needs of the student who is deaf-blind and possesses the skills to carry out their roles and responsibilities:					
I. Special education teacher has primary responsibility for the student's instructional program and coordinates the provision of specialized instruction and services?					
II. Teacher of the hearing impaired, teacher of the visually impaired, and other designated instruction and services (DIS) personnel provide specialized instruction and services and coordinate services with the special education teacher?					

*Status: 4 = Highly effective, 3 = Effective, 2 = Somewhat effective, 1 = Ineffective. See page 32 for further explanation of these ratings.

Criteria	Status* 4	3	2	1	Comments
III. Orientation and mobility specialist instructs in skills that enable independent travel?					
IV. Parent or guardians participate in the planning of educational services?					
V. Eye specialist provides understandable vision reports and prescribes low vision aids?					
VI. Adapted physical education specialist provides assessment, instruction, and services to promote physical activity?					
VII. Audiologist provides or coordinates aural habilitation?					
VIII. Language, speech, and hearing specialist provides diagnostic and consultative services in speech, language, and hearing?					
IX. School nurse provides diagnostic and consultative services related to health needs?					
X. Career-vocational specialist designs and establishes work opportunities?					
XI. Program specialist provides resources, support, and in-service training?					
XII. Psychologist diagnoses educational problems and develops remedial approaches and behavioral plans?					
XIII. Aides or intepreters assist in the mastery of skill areas?					
XIV. Ancillary staff in residential programs have the requisite communication skills to work effectively with individuals who are deaf-blind?					
Chapter Four—Organizing and Supporting Instruction and Services					
How effective is your program in each of the following areas:					
I. Ensuring the delivery of appropriate instruction and services through a full range of program options provided, as necessary, on a regional basis by:					
A. Providing programs based on local needs?					
B. Coordinating services with neighboring SELPAs, when necessary, to provide a program sufficiently large in size and scope?					
C. Ensuring that administrative roles and responsibilities are understood by:					
1. The SELPA?					

*Status: 4 = Highly effective, 3 = Effective, 2 = Somewhat effective, 1 = Ineffective. See page 32 for further explanation of these ratings.

Criteria	Status* 4	3	2	1	Comments
Chapter Four—Continued					
2. The school district's governing board?					
3. The program coordinator or supervisor?					
4. The site administrator?					
5. The program specialist?					
6. Other staff?					
D. Ensuring that students are placed in the least restrictive environment, ensuring their growth in communication, social, emotional, and academic skills?					
E. Providing the following program options, when needed, through regionalization:					
1. Infant/preschool services?					
2. Special class for deaf-blind?					
3. Special class for severely handicapped?					
4. Special class for visually impaired?					
5. Special class for hearing impaired?					
6. Resource specialist program?					
7. Regular class?					
8. State school?					
9. Nonpublic schools or agencies?					
10. State hospital program?					
11. Home and hospital instruction?					
F. Ensuring that class sizes and case loads are based dn needs of students who are deaf-blind by:					
1. Providing for age-appropriate groupings?					
2. Developing a process for establishing case loads that are based on:					
a. Need for experiential learning?					
b. Individualized instruction in contrast to small-group instruction?					
c. Specialized communication system?					
3. Being consistent with recommended ranges for class size?					
G. Ensuring that instruction is scheduled to:					
1. Teach skills or crafts when and where the need for such instruction naturally occurs?					
2. Consider the state of a child; for example, fatigue, alertness, or medication schedule?					

*Status: 4 = Highly effective, 3 = Effective, 2 = Somewhat effective, 1 = Ineffective. See page 32 for further explanation of these ratings.

Criteria	Status* 4	3	2	1	Comments
3. Plan alternative types of activities?					
4. Incorporate a daily routine that is consistent, allowing students to develop feelings of anticipation toward an activity and a sense of time?					
H. Planning for opportunities for purposeful activity during free time?					
I. Ensuring that the instructional environment is well organized and equipped; for example, appropriate materials and posted schedules are provided?					
J. Ensuring that a program has been designed and implemented for each student to develop functional communication skills? For example, words and signs are selected to be taught because of a student's motivation to communicate and because they reflect current and future educational, living, and work settings, including:					
1. Receptive?					
2. Expressive?					
II. Designing and modifying facilities to enhance the provision of instruction and services to meet the unique needs of students who are deaf-blind?					
A. The physical environment includes adequate:					
1. Work space?					
2. Classroom lighting?					
3. Acoustics?					
4. Furniture?					
5. Traffic patterns?					
B. A tactile sensory area is provided?					
C. Special equipment and materials are provided?					
III. Providing staff development and parent education on the basis of the findings from a needs assessment?					
IV. Establishing a process to evaluate the effectiveness of programs in meeting the needs of students who are deaf-blind by:					
A. Identifying areas of need and suggestions for improvement?					
B. Identifying areas of strength?					

*Status: 4 = Highly effective, 3 = Effective, 2 = Somewhat effective, 1 = Ineffective. See page 32 for further explanation of these ratings.

Criteria	Status* 4	3	2	1	Comments
Chapter Four—Continued					
C. Assessing the success of a program's graduates?					
D. Identifying needs for technical assistance?					
E. Ensuring cooperation with coordinated compliance review teams of the State Department of Education?					
F. Developing a network to provide contacts and resources for educating the deaf-blind?					

*Status: 4 = Highly effective, 3 = Effective, 2 = Somewhat effective, 1 = Ineffective. See page 32 for further explanation of these ratings.

APPENDIX B

Resources for Technical Assistance

Appendix B presents lists of resources that encompass the varied concerns of persons working with individuals who are deaf-blind. Services listed are available from the California State Department of Education, other state agencies, and various state and national organizations.

In addition to this listing, the Special Education Division of the California State Department of Education prepared the *Directory of Services for Children with Visual, Hearing, and Severe Orthopedic Handicaps.** The names of other agencies that provide services pertinent to the needs of the deaf-blind appear in the *Program Guidelines for Hearing Impaired Individuals* and *Program Guidelines for Visually Impaired Individuals*, both of which were published by the California State Department of Education. (See page 82 for information about ordering these publications.)

Staff members of the local programs are advised to develop a directory of community services available in their area.

California State Department of Education

For information about identification, assessment, instruction and services, curriculum, public school programs, private schools and agencies, directories, funding, legal requirements, and monitoring, one should contact the divisions of the California State Department of Education listed below and on the next page. The mailing address for offices in Sacramento is California State Department of Education, P.O. Box 944272, Sacramento, CA 94244-2720.

Field Services, North
California Deaf-Blind Services
Special Education Division
721 Capitol Mall
Sacramento
916-445-3561

Field Services, South
Special Education Division
601 West Fifth St., Suite 1014
Los Angeles, CA 90017-2073
213-620-4262

* *Directory of Services for Children with Visual, Hearing, and Severe Orthopedic Handicaps*. Sacramento: California State Department of Education, 1984. Copies of this publication may be obtained from the Special Education Division, California State Department of Education, P.O. Box 944272, Sacramento, CA 94244-2720.

Information about basic curriculum and instruction may be obtained from:

Curriculum, Instruction, and Assessment Division
721 Capitol Mall
Sacramento
916-322-0498

Information about the educational and residential programs may be obtained from:

California School for the Blind
500 Walnut Ave.
Fremont, CA 94536
415-794-3800

California School for the Deaf, Northern California
39350 Gallaudet Dr.
Fremont, CA 94538
415-794-3666

California School for the Deaf, Southern California
3044 Horace St.
Riverside, CA 92506
714-782-6500

Diagnostic School for Neurologically Handicapped Children, Central California
1818 W. Ashlan Ave.
Fresno, CA 93705
209-445-5982

Diagnostic School for Neurologically Handicapped Children, Northern California
Lake Merced Blvd. and Winston Dr.
San Francisco, CA 94132
415-469-6217

Diagnostic School for Neurologically Handicapped Children, Southern California
4339 State University Dr.
Los Angeles, CA 90032
213-222-8090

Materials and equipment, aural media, and transcribers, as well as information about these resources, are available from:

Clearinghouse Depository for Handicapped Students
1025 P St., Rm. 251
Sacramento
916-445-5103

Field Services, North
California Deaf-Blind Services
Special Education Division
721 Capitol Mall
Sacramento
916-445-3561

Field Services, South
Special Education Division
601 W. Fifth St., Suite 1014
Los Angeles, CA 90071-2073
213-620-4262

Information about vocational education for students who are deaf-blind may be obtained from:

Career-Vocational Education Division
721 Capitol Mall
Sacramento
916-445-3314

The California School for the Blind in Fremont is another source of information about vocational education.

Information about preschool services is available from:

Infant Preschool Program
721 Capitol Mall
Sacramento
916-324-8417

Other Agencies

Listings in this section are organized according to resources for general topics, deaf-blind, hearing impaired, orientation and mobility specialists, and visually impaired.

General Topics

Information about programs for handicapped adults may be obtained from the local Association for Retarded Citizens. Another source is the:

Braille Institute of America
Site Center
741 N. Vermont Ave.
Los Angeles, CA 90029
213-663-1111

Information about multiple services for all handicapped children is available from the local Regional Center for Developmentally Disabled or from the:

California State Department of Developmental Services
1600 Ninth St.
Sacramento, CA 95814
916-322-8154

Information about mental health services, including counseling, may be obtained through the local County Mental Health Service.

A source of information regarding physical and occupational therapy is the California Children Services Branch, California State Department of Health Services.

An organization that provides access to technology for persons with disabilities is:

Disabled Children's Computer Group
2095 Rose St., First Floor East
Berkeley, CA 94709
415-841-3224

The person to contact is Alice D. Wershing, Computer Resource Specialist and Toy Program Coordinator.

Deaf-Blind

Information about private nonprofit residential programs serving deaf-blind and visually impaired is available from the:

Foundation for the Junior Blind
5300 Angeles Vista Blvd.
Los Angeles, CA 90043
213-295-4555

Information about enrollment in a correspondence course for parents of deaf-blind preschool children is available from the:

John Tracy Clinic
806 W. Adams Blvd.
Los Angeles, CA 90007
213-748-5481

Information about a full range of services for the deaf-blind may be obtained from the local Easter Seal Society.

Information about skilled support services and training may be obtrained from:

The Helen Keller National Center for Deaf-Blind Youth and Adults
Southwestern Regional Office
870 Market St., Suite 853
San Francisco, CA 94102
415-956-4562 (TTY and Voice)

Hearing Impaired

Sources of information regarding hearing impairment are the:

California Association of the Deaf
2631 Capitol Ave.
P.O. Box 160302
Sacramento, CA 95816
916-428-5218
916-446-4463 TDD

Department of Rehabilitation Services for Deaf Persons
830 K Street Mall
Sacramento, CA 95814
916-445-3031; Voice or TDD

Orientation and Mobility Specialists

The following professional organizations of orientation and mobility specialists hold state and local meetings, publish newsletters, and provide information in this field. The addresses in California for this organization are:

California Association of Orientation and Mobility Specialists
Northern California Chapter
San Francisco State University
Department of Special Education
1600 Holloway Ave.
San Francisco, CA 94132
415-469-1080

California Association of Orientation and Mobility Specialists
Southern California Chapter
California State University, Los Angeles
Department of Special Education
5151 State University Dr.
Los Angeles, CA 90032
213-224-3711

Visually Impaired

The organization listed as follows provides catalogs of publications, media, and aids and appliances. The services of national and regional consultants and publications, including the *Directory of Agencies Serving the Visually Handicapped in the U.S.*, are available from this organization.

American Foundation for the Blind, Inc.
15 W. 16th St.
New York, NY 10011
212-620-2000

American Foundation for the Blind, Inc.
Western Regional Office
760 Market St., Rm. 348
San Francisco, CA 94102
415-392-4845

A source of information about large print, braille materials, and specialized equipment is:

American Printing House for the Blind
1839 Frankfort Ave.
Louisville, KY 40206
502-895-2405

The following organization publishes newsletters and position papers and hosts national meetings:

Division for Visually Handicapped
Council for Exceptional Children
1920 Association Dr.
Reston, VA 22091
703-620-3660

The organization listed as follows provides information, referral services, and public education:

Joint Action Committee of Organizations of and Serving the Visually Handicapped
9301 Summertime Lane
Culver City, CA 90230
213-204-6852

The following organization serves in an advisory capacity to public and private agencies regarding issues relating to students with low-incidence disabilities:

Low-Incidence Disability Advisory Committee
215 E. O'Keefe, Suite 10
Palo Alto, CA 94303
415-321-8131

Information about eye specialists may be obtained from the:

California Optometric Association
921 11th St.
Sacramento, CA 94109
916-441-3990

California Association of Ophthalmologists
2655 Van Ness Ave., Suite 216
San Francisco, CA 94109
415-775-5259

The following organization supports sight conservation and work for the blind:

Lions International
300 22nd St.
Oak Brook, IL 60521

The following organizations provide peer support, information, and services to parents of visually impaired and multiply impaired/visually impaired students:

National Association for Parents of the Visually Impaired, Inc.
P.O. Box 180806
Austin, TX 78718
512-459-6651

The address of the California chapter is:

California Association for Parents of the Visually Impaired
1264 Morrison St.
North Hollywood, CA 91607
818-763-1759

The following organizations work to prevent blindness and eye injury through public awareness programs:

National Association for Visually Handicapped
3201 Balboa Ave.
San Francisco, CA 94121
415-221-3201

National Society to Prevent Blindness
500 E. Remington Road
Schaumburg, IL 60173-4557
708-843-2020 or 800-331-2020

Organizations of the blind that can provide assistance to staff and parents are:

California Council of the Blind
8915 Reseda Blvd.
Northridge, CA 91324
800-221-6359

National Federation of the Blind of California
5982 S. Land Park Dr.
Sacramento, CA 95822
916-424-2226

The following organization provides assistance to individuals with retinitis pigmentosa and Usher's syndrome:

Retinitis Pigmentosa International
P.O. Box 900
Woodland Hills, CA 91367
818-992-0500

APPENDIX C

Inventory of Assessment Tools Appropriate for Use with Students Who Are Severely/ Multiply Handicapped

The primary purpose of educational assessment is to delineate a student's educational strengths and weaknesses in a manner that relates directly to (1) functional educational program development; and/or (2) evaluation of the effectiveness of the instructional program. The application of assessment tools is but one procedure that is used in the comprehensive educational assessment process. Additional procedures should include ecological inventories (i.e., inventories of natural environments in which the student is/may be called on to perform; interviews of parents and significant others), and systematic observation of the student's ongoing behavior.

The major focus of educational assessment should be placed on measurement of the student's level of independence at critical skill tasks in school, home, and community environments. As the student's typical, spontaneous behavior is the best indicator of his/her level of independent functioning, those persons who have observed the student's behavior in a variety of environments *over time* (e.g., teacher; parent) should provide the main input on the assessment. Support staff who have worked with the student on an ongoing basis should provide additional input in their area of expertise (e.g., a physical therapist on gross motor skills). Specially trained diagnostic personnel who may not have had the opportunity to observe the student's spontaneous behavior over time (e.g., psychologist; diagnostician) may (1) instruct the classroom teacher in the application of appropriate assessment tools and procedures; (2) work cooperatively with the classroom teacher in the execution of specific procedures; and/or (3) conduct the assessment by interviewing those persons who are familiar with the student's spontaneous behavior (*note*: many assessment tools are adaptable to this purpose). The classroom teacher might, subsequently, serve as the synthesizer/coordinator of the resultant assessment data.

An inventory of educational assessment tools appropriate for use with students who experience severe, multiple disabilities follows. Each was selected based on its appropriateness for assessing functional skills performance in the target population. Additional tools exist that are applicable for the assessment of educational performance in other subpopulations of students who are severely handicapped. A listing of ecological

This inventory of assessment tools appears in Writer, J. (1987). "Functional educational assessment strategies for students who are severely/multiply handicapped." Unpublished manuscript, 4113 Highland Avenue, Downers Grove, IL 60515. Copyright © 1987 by Jan Writer.

inventory models that would be appropriate for use with students of varying ages, ability levels, and disability classifications is also included. A clarification of the component parts of the assessment inventory follows:

1. *Developmental range:* The specific developmental age range of the items addressed by each tool (Criterion-referenced tools that have no developmental referents are coded *NA* for *not applicable.*)
2. *Age appropriate:* The chronological age range of the population that this author estimated each tool to be most appropriate for.
3. *Behavior assessed:* The specific areas of educational concern addressed by each tool.
4. *Measurement obtained:* The type of comparison score(s) or behavioral profile(s) generated by each tool.
5. *Application:* The most appropriate application(s) of the assessment data generated by each tool, in the opinion of this author.
6. *Population:* The population(s) of students that this author considered each tool to be most applicable to.
7. *Administrator:* The person(s) deemed most appropriate to apply the tool, in the opinion of this author and/or the author(s) of the tool.

Formal Assessment Tools

Tool	Developmental range	Appropriate age	Behavior assessed	Measurement obtained	Application	Population	Administrator
1. *AAMD Adaptive Behavior Scale: School Edition* (Lambert and Windmiller, 1981) American Association on Mental Deficiency Publishers Test Service Del Monte Research Park Monterey, CA 93940	3 to 16 years	5 to 14 years	Eating, toileting, cleanliness, appearance, clothing care, undressing and dressing, travel, other independent functioning, sensory development, motor development, money management, shopping, communication, social language, numbers and time, prevocational activity, initiative, perseverance, leisure skills, responsibility, socialization, overt behavior (aggressiveness, trustworthiness, mannerisms, symptomatic behavior, etc.)	Functional level (diagnostic/ percentile profile and instructional planning profile)	Screening, program placement, program planning	Persons who are mentally handicapped (mild to profound), behaviorally disordered, multihandicapped	Teacher, parent, paraprofessional, psychologist, therapist, or others who have observed the student closely
2. *Camelot Behavioral Checklist* (Foster, 1977) Camelot Behavioral Systems P.O. Box 3447 Lawrence, KS 66044	NA	12 years to adult	Gross motor, fine motor, sensory development, eating, undressing, toileting, bathing, grooming, hair care, cleaning, cooking, clothing care, yard care, car maintenance, operation of appliances, vocational skills, economic behavior, independent travel, numerical skills, communication, functional academics, leisure activity, social interaction, responsibility, health care, response to emergencies	Functional level (checklist, cumulative profile, and percentile profile)	Screening, program planning, program evaluation (level of independent functioning in environment)	Persons who are mentally handicapped (mild to severe), behaviorally disordered, learning handicapped, multihandicapped	Teacher, parent, paraprofessional, trainer
3. *Comprehensive Test of Adaptive Behavior (CTAB)* (Adams, 1984) Psychological Corporation Order Service Desk 555 Academic Court San Antonio, TX 78204 1-800-228-0750	5 years to adult	8 years to adult	Toileting (male and female), grooming (male and female), dressing (male and female), eating, home living skills (living room, kitchen, bedroom, bath and utility room, yard care), health skills, telephone skills, travel skills, time concepts, economic skills, vocational skills, interaction skills, self-awareness, leisure skills, sensory development, motor skills, language concepts, academic skills	Functional level (checklist, parent/ guardian survey, comparison scores, and measurement of behavioral change)	Program planning, program evaluation (level of independent functioning in environment)	Persons who are mentally handicapped (mild to profound), behaviorally disordered, multihandicapped Persons served in school and community-based settings	Teacher, therapist, paraprofessional, or others who are thoroughly familiar with person's behavior in school and nonschool environments

Tool	Developmental range	Appropriate age	Behavior assessed	Measurement obtained	Application	Population	Administrator
4. *Wisconsin Behavioral Rating Scale (WBRS)* (Song and Jones, 1980) Central Wisconsin Center for the Developmentally Disabled 317 Knutson Dr. Madison, WI 53704	0 to 3 years	0 to 10 years	Gross motor, fine motor, eating, undressing, toileting, personal hygiene, domestic activities, play skills, social skills, communication skills	Functional level/ behavioral age (checklist and percentile profile)	Screening, program placement, some program planning	Persons who are mentally handicapped (severe to profound) multihandicapped (Sections for blind and deaf-blind)	Persons who are most familiar with the child (or interviewers of same)

Informal Assessment Tools

Tool	*Developmental range*	*Appropriate age*	*Behavior assessed*	*Measurement obtained*	*Application*	*Population*	*Administrator*
1. *Adolescents into the Mainstream (AIM)* (Arick, Almond, Young, and Leavitt, 1983) ASIEP Education Corp. 3216 N.E. 27th Ave. Portland, OR 97212	NA	12 years to adult	Provides inventory/information on community surveying procedures, job and residence site prioritizations, student placement prioritization, activity sequencing, prioritization of survival skills, task analysis of survival skills, community behavior probes, assessment of classroom/community adaptive behavior	Environmental inventory, staff survey, employer/administrator survey, placement site prioritization, activity prioritization, discrepancy analysis	Finding community placements, establishing community-based training priorities, program evaluation	Persons who are autistic, mentally handicapped, physically handicapped, behaviorally disordered, sensory impaired, multihandicapped	Teacher, trainer, others familiar with community inventory procedures
2. *The Callier-Azusa Scale* (Stillman, 1978) The University of Texas at Dallas Callier Center 1966 Inwood Road Dallas, TX 75235	0 to 9 years	0 to 22 years	Postural control, locomotion, fine motor, visual-motor, visual skills, auditory skills, tactile abilities, undressing and dressing, personal hygiene, eating, toileting, nonoral communication, speech skills, social interactions (with adults, peers, and the environment), cognitive development	Developmental level (behavioral profile)	Program planning, program evaluation	Persons who are mentally handicapped (severe to profound), multihandicapped, deaf-blind, orthopedically impaired	Teacher, parent, paraprofessional, or other persons who are thoroughly familiar with the student's typical, spontaneous behavior
3. *The D.A.L.E. System (Developmental Assessment of Life Experiences)* (Barber, et al., 1978) Barber Center, Inc. 136 East Ave. Erie, PA 16507	NA	Level I 3 to 10 years Level II 10 years to adult	I. Gross motor, visual perception, auditory perception, fine motor, language, eating, drinking, toileting, bathing, undressing and dressing, nasal hygiene, tooth brushing, discrimination, attention span, time and number concepts II. Toileting, bathing, oral hygiene, nasal hygiene, menstrual cycle, shaving, grooming, nail care, undressing and dressing, dining habits, mealtime tasks, clothing care, laundry skills, personal scheduling, verbal skills, phone skills, functional academics, social skills, housekeeping, room maintenance (kitchen, bedroom, bathroom), outdoor maintenance, mobility, public transportation, money concepts, shopping skills, meal preparation, sexual awareness, cultural development	Functional level (checklist, bargraph, and behavioral profile)	Program planning, program evaluation	Persons who are mentally handicapped (moderate to severe), multihandicapped, autistic, physically handicapped	Teacher, parent, paraprofessional, support personnel

Tool	Developmental range	Appropriate age	Behavior assessed	Measurement obtained	Application	Population	Administrator
4. *Developmental Assessment of the Severely Handicapped (DASH)* (Dykes, 1980) Exceptional Resources, Inc. 7701 Cameron Rd. Austin, TX 78752	0 to 8 years	0 to 12 years	Gross motor, sensory motor, eating, undressing, toileting, personal hygiene, travel, social skills, communication, preacademics and academics, work skills (occupation), safety	Developmental level (checklist)	Screening, program planning, program evaluation	Persons who are mentally handicapped (mild to severe), physically handicapped, multihandicapped	Persons with background in developmental and behavioral programming: teacher, therapist, psychologist, social worker
5. *The Early Learning Accomplishment Profile (E-LAP)* (Glover, Preminger, and Sanford, 1978) Kaplan Press 600 Jonestown Road Winston-Salem, NC 27103	0 to 3 years	0 to 6 years	Gross motor, fine motor, cognition, auditory discrimination, speech, use of gestures, eating, dressing, toileting, bathing, mobility, social-emotional development	Developmental level (behavioral profile)	Screening, measurement of structured behavior, program evaluation	Persons who are nonhandicapped, mentally handicapped (mild to severe), behaviorally disordered	Teacher, parent, paraprofessional, support staff
6. *Hawaii Early LearningProfile (HELP)* (Furuno, S., et al., 1979) VORT Corporation P.O. Box 11132 Palo Alto, CA 94306	0 to 3 years	0 to 8 years	Gross motor (locomotion, postural control), fine motor, perceptual-motor (visual, tactual, auditory), eating, dressing, toileting, sleeping habits, personal hygiene, safety, interaction with adults and peers, personal independence, adherence to social "rules," emotion, environmental awareness, self-image, cognition, receptive language, social language, use of gestures, vocal patterns and speech	Developmental level (behavioral profile and checklist)	Screening, program planning, program evaluation *(Functional activity guide included)	Persons who are nonhandicapped, mentally handicapped (mild to profound), physically handicapped, multihandicapped	Teacher, parent, paraprofessional, others familiar with the child's spontaneous behavior

Informal Assessment Tools

Tool	Developmental range	Appropriate age	Behavior assessed	Measurement obtained	Application	Population	Administrator
7. *Koontz Child Development Program* (Koontz, 1980) Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025	0 to 4 years	0 to 8 years	Fine motor, gross motor, perceptual-motor, language, gestural expression, cognition, social skills, eating, dressing, toileting, personal hygiene, safety, household tasks	Developmental level (behavioral profile)	Screening, initial program planning	Persons who are mentally handicapped (mild to severe), physically handicapped, multihandicapped	Teacher, parent, therapist, psychologist
8. *Pyramid Scales* (Cone, 1984) Pro-Ed 8700 Shoal Creek Blvd. Austin, TX 78758-9965	NA	3 to 15 years	Perceptual-motor (tactile, auditory, visual), fine motor, gross motor, eating, selection of food, toileting, dressing, social interaction, washing and grooming, receptive language, expressive language, recreation and leisure, writing, reading, domestic behavior, vocational skills, time, numbers, money	Functional level (performance profile)	Program planning, program evaluation	Persons who are mentally handicapped (moderate to severe), behaviorally disordered, multihandicapped, sensory impaired	Teacher, parent, others thoroughly familiar with person's behavior or interviewer of same
9. *Teaching Research Curriculum for Handicapped Adolescents and Adults* (Peterson, Trecker, et al., 1983) Teaching Research Division Oregon State System of Higher Education 345 N. Monmouth Ave. Monmouth, OR 97361	NA	12 years to adult	Summary of environmental requirements and student performance in the following areas: communication, social skills, sexual awareness, personal hygiene, dressing, clothing care and selection, eating, meal planning, shopping and storing, food preparation, home and yard maintenance, health and safety, community mobility, personal information, money management, time management, leisure skills (home-based, community-based), vocational skills, mobility and transportation, self-help and grooming, social communication	Functional level (environmental requirements checklists, student performance checklists, student needs and priorities form)	Environmental inventory, program planning, program evaluation	Persons who are mentally handicapped (mild to severe), behaviorally disordered, physically handicapped, multihandicapped	I. Survey of environment: teacher, parent, support personnel II. Evaluation of student performance, teacher, parent, paraprofessional, others familiar with person's spontaneous behavior

Informal Assessment Tools

Tool	Developmental range	Appropriate age	Behavior assessed	Measurement obtained	Application	Population	Administrator
10. *Uniform Performance Assessment System (UPAS)* (Haring, White, et al., 1981) Charles E. Merrill 1300 Alum Creek Drive P.O. Box Box 508 Columbus, OH 43216	0 to 6 years	0 to 10 years	Early academic skills (visual perception, prehension, writing, prereading, premathematics, discrimination, sequencing, and so forth), communication, use of gestures, feeding, dressing, toileting, washing, grooming, play, personal information, classroom work skills, gross motor skills, wheelchair use, inappropriate behavior	Functional level (checklist, behavioral profile)	Screening for sensory, motor, and cognitive performance; program planning; program evaluation	Persons who are mentally handicapped (mild to severe), learning handicapped, behaviorally disordered, physically handicapped	Teacher, specialist
11. *Vulpé Assessment Battery* (Vulpé, 1982) NIMR Publications National Institution on Mental Retardation Kinsmen NIMR Bldg. 4700 Keele St. Downsview, Ontario Canada M3J 1P3	0 to 5 years	0 to 16 years	Basic senses and functions, postural control, locomotion, use of objects and equipment, fine-motor, perceptual motor, auditory language (with nonoral adaptations), cognitive processes and specific concepts, organizational behaviors, behavioral control, dependence/independence, eating, dressing, social interaction, play, sleeping, toileting, grooming, assessment of the environment and student caregivers, analysis of posture and mobility, reflex development, muscle strength, motor planning, balance	Developmental level and functional level (inter-item profile based on level of independence)	Inventory of environment and caregiver-student relationship, program planning, program evaluation	Persons who are mentally handicapped (mild to profound), behaviorally disordered, sensory impaired, orthopedically handicapped, multihandicapped	Teacher, caregiver, paraprofessional, support staff

Ecological Inventory Models

1. *Adolescents into the Mainstream (AIM)*
   (See the description under informal assessment tools.)

2. *Significant Other Interviews*, 1981.
   Training and Resources for Community and Curriculum Integration
   900 J St.
   Sacramento, CA 95814
   916-442-3845

3. *The KICS Model: Sequencing Experiences for Severely Handicapped Children and Youth*
   (Holvoet, Mulligan, et al., 1984)
   ASIEP Education Company
   3216 N.E. 27th Ave.
   Portland, OR 97212

Addendum

A listing of assessment tools appropriate for application with subpopulations of persons who are severely handicapped follows. These tools were not listed on the master inventory, as it is this author's opinion that they have potential biases against persons who experience sensory, orthopedic, and/or communication handicaps. *Key:* (I) = Informal Tool (F) = Formal Tool

Tool	*Information*	*Tool*	*Information*
1. *Arizona Basic Assessment and Curriculum Utilization System (ABACUS)* (I) Love Publishing Company Denver, CO 80222	*Appropriate age:* Preschool *Areas:* Body management, self-care, communication, preacademics, socialization *Also:* Environmental management, instructional program design	6. *Learning Accomplishment Profile (LAP)* (I) Kaplan Press P.O. Box 25408 Winston-Salem, NC 27114-5408	*Appropriate age:* Early elementary *Areas*: Motor skills, cognition, language, self-care, social/emotional *Potential disability bias:* Sensory, orthopedic
2. *Behavior Characteristics Progression (BCP)* (I) VORT Corporation P.O. Box 11132 Palo Alto, CA 94306	*Appropriate age:* Elementary, some secondary *Areas:* Gross motor, sensory motor, self-care, housekeeping, travel, social skills, communication, preacademics, prevocational *Also*: 15 other categories of behavior *Potential disability bias:* sensory, orthopedic, multiple *Also:* Developmental performance 0 to 36 months	7. *The Oregon Project for Visually Impaired and Preschool Children* (I) Jackson County Education Service District 101 North Grape St. Medford, OR 97501	*Appropriate age:* Infants to early elementary *Areas*: Motor skills, self-care, social skills, cognition, communication *Potential disability bias*: Orthopedic, communication
		8. *Pennsylvania Training Model* (I) Pennsylvania Department of Education 210 E. Fulton St. Butler, PA 16001	*Appropriate age:* Preschool to elementary *Areas:* Motor skills, sensory motor, self-care, social/emotional, cognition, communication, vocational skills
3. *Brigance Diagnostic Inventory of Early Development* (I) Curriculum Associates 5 Esquire Road North Billerica, MA 01862	*Appropriate age:* Infant to early elementary *Areas:* Motor skills, self-care, preacademics, communication, general knowledge *Potential disability bias*: Orthopedic, sensory, communication	9. *Vineland Adaptive Behavior Scales*, 1985 Edition (3 scales) (F) American Guidance Service Circle Pines, MI 55014-1796	*Appropriate age:* Infants to secondary *Areas:* Communication, daily living skills, social skills, motor skills, adaptive behavior composite *Potential disability bias:* Orthopedic, sensory
4. *Curriculum and Monitoring System (CAMS)* (I) Walker Education Corp. 720 Fifth Ave. New York, NY 10019	*Appropriate age:* Infancy to early elementary *Areas:* Motor skills, self-care, social skills, communication		
5. *Developmental Programming for Infants and Young Children* (Vols. 1 and 2) (I)	*Appropriate age:* Infants to preschool		
Developmental Programming for Infants and Young Children (Vols. 4 and 5) (I) The University of Michigan Press Ann Arbor, MI 48109	*Appropriate age:* Preschool to early elementary *Areas* (Vols. 1, 2, 3, and 4): Perceptual, cognition, language, social/emotional, self-care, gross motor *Potential disability bias:* Orthopedic, sensory, communication		

APPENDIX D

California Deaf-Blind Services

California Deaf-Blind Services (CDBS) addresses the needs of individuals from birth to twenty-two years of age served in public and private agencies. The goal of the program is to facilitate maximum participation and achievement in education, community, and vocational environments for students who are deaf-blind. The staff members provide support, resources, and linkage among agencies. Training components are developed according to the needs of the field.

The program supports the application of chronologically age-appropriate functional skills training for individuals who historically have not been included in community-based instruction because of the severity of sensory deficits, physical disabilities, or behavioral difficulties.

Services Provided by the Program

CDBS staff members provide the following services:

- Training sessions in the individualized critical skills model (ICSM) for educational personnel, care providers, agency representatives, and families of individuals who are deaf-blind (The ICSM is a functional skills, community-based approach to curriculum development. It emphasizes parent involvement in educational planning.)
- Linkage between programs serving individuals who are deaf-blind
- Technical assistance for educational personnel, care providers, and families according to individual need
- Resources for services, personnel, equipment, educational programming, transition and vocational training, assessment, and family-related issues

Eligibility for Services

The following people are eligible to receive services from the program:

- Children and youth who meet the definition of deaf-blind.
- Parents, family members, and care providers of deaf-blind children and youth
- Agency representatives providing services to deaf-blind children and youth and their families

The following memorandum is used to collect information about individuals who are deaf-blind:

CALIFORNIA STATE DEPARTMENT OF EDUCATION | **Bill Honig**
721 Capitol Mall: P.O. Box 944272 | Superintendent
Sacramento, CA 94244-2720 | of Public Instruction

October 1, 1990

To: County Superintendents
SELPA Directors
Administrators, Programs for Deaf-Blind
Children and Youth

From: Patrick Campbell
Assistant Superintendent/Director
Special Education Division

Subject: Report of Deaf-Blind Children and Youth

The California State Department of Education, Special Education Division, is required to report annually on individuals, 0–21 years of age, who are functionally deaf-blind in California. The attached Registry Form is for you and your staff to copy and use to report those individuals who are functionally deaf-blind and within your jurisdiction or being served by programs within your jurisdiction. Please return completed forms by January 31, 1991. After that date you may report individuals as they become known to you.

This requirement, under Section 622 of the Education of the Handicapped Act Amendments of 1983, PL 98-199, constitutes a different type of report than the pupil count data required under PL 94-142 or PL 89-313. Section 622 states:

> (c)(1) Programs supported under this section shall report annually to the Secretary on (A) the numbers of deaf-blind children and youth served by age, severity, and nature of deaf-blindness; (B) the number of paraprofessionals, professionals, and family members directly served by each activity; and (C) the types of services provided.
> (2) The Secretary shall examine the number of deaf-blind children and youth (A) reported under subparagraph (c)(1)(A) and by the states; (B) served by the programs under part B of this Act and subpart 2 of Part B, Title 1, of the Elementary and Secondary Act of 1965 (as modified by Chapter 1 of The Education Consolidation and Improvement Act of 1981); and (C) the Deaf-Blind Registry of each State. The Secretary shall revise the count of deaf-blind children and youth to reflect the most accurate count (PL 98-199, Part C, Section 622, 20 *USC* 1422).

The Registry and Report is an ongoing effort updated regularly. Individuals identified to the Registry as being functionally deaf-blind are eligible for services and resources provided by the California State Department of Education and California Deaf-Blind Services. A brochure describing services and assistance is attached to this letter.

Procedures for completing the Registry Form are attached. It is important to point out that the federal definition of the deaf-blind individual is a functional definition:

> Children who have auditory and visual handicaps, the combination of which causes such severe communication and other developmental and educational problems that they cannot properly be accommodated in special education programs solely for the hearing handicapped child or the visually handicapped child (20 *USC* 1422; 34 *CFR* 300.5[b][2]).

This Registry report is more inclusive and extensive than the pupil count report required under PL 94-142 or PL 89-313. For example, in December, 1986, the official count of deaf-blind students under PL 94-142 was 132. During that same fiscal year, 1986-87, over 530 individuals between 0 and 21 years of age were identified as being functionally deaf-blind.

The individuals who should be reported in this Registry may currently be considered multihandicapped, severely disabled, deaf, or blind and may be placed in a variety of educational settings. Whatever their educational setting and whether or not they have been designated as deaf-blind, if, in your professional judgment there are individuals who have a combination of impairments of both senses that interferes with their ability to function effectively, please fill out the Registry Form.

This count will not affect any counts or funding associated with PL 94-142 or PL 89-313 or other reporting and funding efforts.

All information provided to the Department of Education is held in accordance with the requirements for confidentiality as specified in the regulations for the "Privacy Rights of Parents and Students" (*CFR* 99). The Department of Education is an eligible agency to view and maintain confidential and identifying information regarding individuals with exceptional needs.

If you have any questions, please contact Steve Johnson at the number provided on the Registry Form.

Report of Deaf-Blind Children and Youth Procedures for Completing the Registry Form

The information requested is required under Section 622 of the Education of the Handicapped Act of 1983, PL 98-199. In addition, this information will assist California Deaf-Blind Services in planning, development, and implementation of resources and services for the education of individuals with dual sensory impairments.

All information provided to the Department of Education is held in accordance with the requirements for confidentiality as specified in the regulations for the "Privacy Rights of Parents and Students" (*CFR* 99). The Department of Education is an eligible agency to view and maintain confidential and identifying information regarding individuals with exceptional needs.

Registry Information Form

Please indicate the name of the person completing the form, the date the form is completed, and the title, agency, and address of the person completing the form. The form should be prepared by the person who can provide further information or clarification about the data submitted.

Check the box at the top if you have no students to report. Please return the form.

Part I. "Information on deaf-blind individual"

Please complete all applicable items. If possible, please provide the individual's middle initial or name.

Part II. "Present educational placement"

Please fill out completely. The "Name of program" should indicate the name of the school, agency, or institution in which the class is located. Please check the appropriate boxes.
Second Page. Please reenter the name of the individual on whom this report is being completed.

Part III. "Medical background"

Information in this section is very important. Please ensure that you check the appropriate box in Section B, "Etiology." The information required by sections C and D is also very important. Use the category "Unknown" for the children and youth whose degree of hearing and vision loss are either not found in their medical records or cannot be determined because they are untestable.

Part IV. "Handicapping conditions"

In this section, please check the appropriate boxes. In Section A you may check as many boxes as apply. Please check only one box each in sections B and C.

You may check boxes in Section A that may seem to contradict or be in conflict with the reported disability in the PL 94-142 or PL 89-313 count. These counts are not reconciled with this Registry report. There is no impact on SELPA or district funding as a result of reporting an individual on the Deaf-Blind Registry.

STATE OF CALIFORNIA
REGISTRY INFORMATION SHORT FORM

DEPARTMENT OF EDUCATION
4/20/90 REV

CALIFORNIA DEAF-BLIND SERVICES

721 Capitol Mall, Room 666 B
P.O. Box 944272
Sacramento, California 94244-2270
(916) 323-4871 • (800) 822-7884

☐ **Check and return if no pupils are eligible.**

This form completed by _____ Date _____

Title _____ Agency _____

Address (street, city, state, zip) _____

Phone _____

Part I - Information on deaf-blind individual

Individual's name _____ Birthdate _____ ☐ Male ☐ Female

Parent _____ Legal guardian? ☐ Yes ☐ No

Address (street, city, state, zip) _____

Phone _____

Name of foster parents/hospital/other residence _____ Legal guardian? ☐ Yes ☐ No

Address (street, city, state, zip) _____

Phone _____

Part II - Present educational placement

A. Name of program _____ Teacher _____

Program location (street, city, state, zip) _____

Phone _____

B. Type of school:

☐ Public school ☐ Public residential school ☐ State hospital
☐ Private day school ☐ Private residential school ☐ Other

C. Type of class (check all that apply):

☐ Deaf-blind ☐ Deaf ☐ Home service ☐ Vocational
☐ Hard of hearing ☐ Blind ☐ Infant/preschool ☐ Prevocational
☐ Visually impaired ☐ Multihandicapped ☐ Other ☐ None

D. Class schedule (check all that apply)

☐ Full time ☐ Part time ☐ Extended year

Over ➡

Individual's name _____

Part III - Medical background

A. Is this child functionally deaf-blind? ☐ Yes ☐ No

Definition of deaf-blind: children who have auditory and visual handicaps, the combination of which causes such severe communication and other developmental and educational problems that they cannot properly be accommodated in special education programs solely for the hearing handicapped or for the visually handicapped child.

B. Etiology: Please check the one box which indicates the major cause of the deaf-blind condition

☐ A: Maternal rubella ☐ B: Meningitis/encephalitis ☐ C: Usher's syndrome
☐ D: Dysfunction of central nervous system ☐ E: Dysfunction of peripheral nervous system ☐ F: Other
☐ G: Unknown

C. Degree of vision loss: Please check the one box which best describes the degree of vision loss of this individual

☐ 1: Partially sighted (20/70 - 20/200) ☐ 2: Legally blind (less than 20/200 or vision field is less than 20)
☐ 3: Light perception only ☐ 4: Totally blind ☐ 5: Unknown

D. Degree of hearing loss: Please check the one box which best describes the degree of hearing loss of this individual

☐ 1: Mild (30 - 55 db loss) ☐ 2: Moderate (56 - 80 db loss)
☐ 3: Severe (81 + db loss) ☐ 4: Unknown

Part IV - Handicapping conditions

A. Please check the handicapping conditions exhibited by this individual; **check as many as apply.**

☐ 1: Mentally retarded ☐ 2: Speech impaired ☐ 3: Emotionally disturbed
☐ 4: Orthopedically impaired ☐ 5: Other health impaired ☐ 6: Learning disabled
☐ 7: Multihandicapped ☐ 8: None ☐ 9: Unknown

B. Check **one** only:

This individual was reported in: ☐ The PL 94-142, part B count ☐ The PL 89-313 count

C. Please check the **one** box that indicates how the individual was reported on either the PL 94-142, part B count or the PL 89-313 count

☐ 1: Mentally retarded ☐ 2: Speech impaired ☐ 3: Emotionally disturbed
☐ 4: Orthopedically impaired ☐ 5: Other health impaired ☐ 6: Learning disabled
☐ 7: Multihandicapped ☐ 8: Hard of hearing ☐ 9: Deaf
☐ 10: Blind ☐ 11: Deaf-blind

Thank you for your assistance.

APPENDIX E

Registration of Visually Impaired Students

This appendix provides information about registering visually impaired students with the Clearinghouse Depository for Handicapped Students, Resource Services Division, California State Department of Education. Students must be registered annually to generate funding for their districts through the federally funded American Printing House for the Blind (APH) program. Students in both public and private schools may be registered for this program if they are legally blind and enrolled in an educationally appropriate program.

The APH program began in 1879 when funding on a per capita basis was first provided by the federal government to purchase educational materials for legally blind students. California receives approximately $500,000 in materials and equipment each year through this program. Materials available include braille and large-print textbooks; mathematics, science, and vocational kits; a computerized curriculum; and specialized paper. Equipment available includes Perkins Braillewriters, tape cassette players, magnifying devices, and Pocketbraillers (portable electronic braillewriters).

The enclosed materials contain descriptions of the registration process. The initial registration requires establishment of an individual file for each student at the district or school site. Actual registration forms are being revised to accommodate the new computer system and, therefore, are not included. As indicated in the enclosed letters, all districts receive the necessary forms automatically each year.

Because the registration process is computerized at the state level, students can be reregistered annually without completing the registration forms again. Districts need to update and certify the accuracy of the computer listing of registered students which is sent from Sacramento.

Also included are sample letters describing the process for ordering materials. In addition to the new materials from APH, the clearinghouse also has used materials and equipment that will be loaned free of charge for use by eligible students. If you have questions or find that the appropriate people in your institution are not receiving these communications, telephone 916-445-5103 or 445-1290 for assistance.

CALIFORNIA STATE DEPARTMENT OF EDUCATION
721 Capitol Mall: P.O. Box 944272
Sacramento, CA 94244-2720

Bill Honig
Superintendent
of Public Instruction

April 3, 1990

To: School personnel serving the visually handicapped in public and private nonprofit schools, including state hospitals

From: Janet McCormick, Ex-Officio Trustee for California, Clearinghouse Depository for Handicapped Students 916-445-5103

Subject: Schedules and procedures for 1989–90 orders, American Printing House for the Blind federal quota program

Enclosed are procedures and schedules for ordering materials from the American Printing House for the Blind (APH) for the fall. In order for you to receive items ordered in time for the beginning of the school year, all federal quota orders must be received at the Clearinghouse Depository for Handicapped Students (CDHS) no later than June 9, 1990. We will continue to order throughout the summer if necessary, but the later orders are placed, the later they will be filled.

Those orders not on federal quota should be sent directly to APH as soon as possible.

When preparing orders, be sure to indicate a shipping address (office) which will be open during the summer months to receive shipments.

All instructional materials provided to California schools through the federal quota program are, *by law*, property of the state. As such, these items are subject to recall by CDHS for redistribution among schools as needed and should not be disposed of without prior approval by CDHS.

Enclosures

CALIFORNIA STATE DEPARTMENT OF EDUCATION
721 Capitol Mall: P.O. Box 944272
Sacramento, CA 94244-2720

Bill Honig
Superintendent
of Public Instruction

April 3, 1990

To:

From: Janet McCormick, Ex-Officio Trustee for California, Clearinghouse Depository for Handicapped Students 916-445-5103

Subject: Federal quota account balance for 1989–90 and projected allotment for 1990–91

As of this date the approximate unexpended balance of the American Printing House federal quota account established for your school system for 1989–90 is $ _____ . This amount must be used before September 30, 1990, or it will revert to APH.

The registration of blind students in January, 1990, will generate a new allotment for the coming fiscal year, October 1, 1990, through September 30, 1991. Schools may now encumber the current balance as well as up to 50 percent of the estimated allotment for 1990–91.

Your registration of _____ blind students in January, 1990, based on the current per capita of $110.77, will generate a new allotment. With your current balance and 50 percent of your projected allotment, you may order up to $ _____ worth of APH materials at this time.

Please see attached materials for important information on time lines and procedures.

If you have any questions, please contact Dorothy Joe (DJ) or Nancy Chu at your earliest convenience at the above phone number.

Information on Preparing and Placing Orders Under the Federal Quota Program

Each year Congress appropriates funds to the American Printing House for the Blind, Inc. (APH), for supplying specialized books, materials, and educational aids for use by blind students in the nation. The allotment for each state for the current school year is established by multiplying the base per capita rate (that is, the total amount of the Congressional appropriation divided by the total number of blind students registered in the nation) by the number of students registered by individual state departments of education.

Each state department of education is responsible for establishing a system of distribution for the public and private nonprofit school systems that have registered legally blind students for the current year. In California accounts are established for schools according to the number of blind students registered by each school system. Each state department of education is also responsible for disseminating relevant correspondence and information from APH regarding ordering procedures.

School Participation

School entities which register students must prepare their own orders for APH materials. Each year in placing spring orders, schools may encumber the remaining balance from the current year, as well as up to 50 percent of the projected year's allotment. In late September unencumbered balances from the funds allocated in the previous federal fiscal year will revert to APH.

Preparing Federal Quota Orders

Orders for materials supplied through the federal quota program in any state must be approved by the ex-officio trustee designated by APH. In California, school systems must submit their orders to the Clearinghouse Depository for Handicapped Students (CDHS) for approval by Janet McCormick. (APH will not accept federal quota orders without the proper signature.)

Schools must use regulation APH federal quota order blanks. All orders must be typed and in duplicate. Send one copy to CDHS for approval; keep the second copy for your records.

Essential procedures follow:

- Send orders for magazines in special media on separate order blanks.
- Make certain that the site of the shipping address will be open to receive shipments all year round. (This address should be typed on the "Ship To" section.)
- Make certain that the billing is sent to: Janet McCormick, Manager, CDHS, State Department of Education, P.O. Box 944272, Sacramento, CA 94244-2720. All billing invoices will be sent directly to CDHS; all shipments will be sent directly to you or to your school.
- ***Do not fill in the "Customer's Use" section***, which is for CDHS use. (See the sample "Federal Quota Order Blank" in this appendix.)

Receiving Shipments

Schools will receive a packing slip with each shipment from APH. School personnel are responsible for checking for items not shipped. The packing slip will show *0* and the anticipated date of delivery. School personnel should write directly to APH regarding missing items not listed, damaged items, and errors. Copies of correspondence should be sent to CDHS.

APH will notify schools and CDHS about the nonshipment of items with an "Acknowledgment of Order" invoice. Items are typically not shipped because they are back ordered, out-of-production, in process of manufacture, or cancelled from the APH inventory. Schools should not return items to APH for credit without prior approval by both CDHS and APH.

Prices

The prices quoted for items in the APH catalogs are subject to change without notice. These prices include service charges such as insurance, postage, handling, and shipping costs. School systems maintaining their own quota account ledgers may contact CDHS on price changes.

Catalogs

APH has mailed you a complete set of catalogs (with supplements) and a supply of order blanks. Use these to prepare orders for materials needed for the coming school year. Additional sets of catalogs and order blanks may be requested from APH or CDHS.

Preparing Orders on Accounts Receivable

School systems may purchase materials from APH directly on a cash or accounts receivable basis. Such orders should not be sent to CDHS for approval. Orders must be made on school purchase orders, not on federal quota blanks.

Federal Quota Orders for Repairs of APH Equipment

Equipment obtained from and currently produced and distributed by APH may also be repaired by APH. A description of the malfunction and identifying information, such as the serial number, make, model, and the sender's address must accompany the equipment. Federal quota orders for repair must be sent simultaneously to CDHS for approval and include an $18 inspection fee for each item of equipment. Orders for repairs must also contain the sender's shipping address, identifying information, and a description of the malfunctions.

For repairs of equipment purchased on an accounts receivable basis, send your authorized purchase order, a check, or MasterCard or Visa card number directly to APH. The appropriate identification data and signature must be included. Without the $18 inspection fee, your equipment will be returned unrepaired.

FEDERAL QUOTA ORDER BLANK

American Printing House for the Blind, Inc.

1839 Frankfort Ave. — Box 6085 — Louisville, Kentucky 40206

502-895-2405

APH USE ONLY

Customer Number_____

APH Order Number_____

LEAVE THIS BOX BLANK

CUSTOMER'S USE

Order Number_____ Order Date_____

Order Approval_____

Authorized Signature

Ship To El Capito Unified School District
Attention: Mr. James Brown
Ironside School

321 Broadside Boulevard

Olympus, California 10000

Zip Code

Bill To Janet McCormick, Manager
Clearinghouse Depository for Handicapped Students

CA State Dept. of Education
P.O. Box 944272
Sacramento, CA 94244-2720

Zip Code

PLEASE FOLLOW INSTRUCTIONS CAREFULLY. Double space typing. List EACH type of material, that is, Braille, Educational Aids, Inkprint, Large Type, R.E.A.L. and Talking Books, on a separate order blank. NO RETURNS ACCEPTED WITHOUT AUTHORIZATION.

Quantity	APH Use Only	Catalog Number	Description	Unit Price	Net Amount
PLEASE NOTE THESE INTRUCTIONS & DOUBLE SPACE					

THIS SPACE IS TO BE FILLED IN AS INDICATED ABOVE

THIS SPACE IS TO BE FILLED IN BY THE REQUESTING SCHOOL SYSTEM AS INDICATED IN THE EXAMPLE ABOVE

INDICATE CATEGORY OF ITEMS LISTED-- BRAILLE, TALKING BOOKS, LARGE PRINT, EDUCATIONAL AIDS, ETC.

FILL IN CATALOG ORDER NUMBERS FOR EACH ITEM. ORDERS CANNOT BE FILLED ACCURATELY WITHOUT THESE NUMBERS

FILL IN CATALOG LISTED UNIT PRICE ONLY. DO NOT EXTEND THE NET AMOUNT

NOTE: THIS FORM IS TO BE USED ONLY FOR ORDERS PLACED UNDER APH QUOTA. DISTRICT AND COUNTY SUPERINTENDENTS SHOULD USE THEIR STANDARD PURCHASE FORMS FOR "CASH ORDERS" OR "ACCOUNTS RECEIVABLE ORDERS"

COMPLETE IN DUPLICATES AND SUBMIT ONE COPY TO MS. MCCORMICK

APPENDIX F

Initial Orientation and Mobility Evaluation

The form, "Initial Orientation and Mobility Evaluation," is for use with deaf-blind students to determine their skills in movement, abilities in climbing and descending stairs, use of residual vision, degree of residual hearing, skills for communication, awareness of body image and self-image, understanding of sidedness, and development of the senses of touch, smell, and taste. The final section of this questionnaire is for determining whether a child has other medical problems or takes medication.

Movement

Can the child walk? ☐ Yes ☐ No

Is the child able to detect and move around objects? ☐ Yes ☐ No

What kind of objects? _____

_____

Does the child initiate movement? ☐ Yes ☐ No

What is the usual purpose of this movement? _____

_____

Does the child move unaided through the room? ☐ Yes ☐ No

Does the child move unaided on familiar routes or in familiar locations? ☐ Yes ☐ No

Which locations? _____

_____

Can the child imitate your movements? ☐ Yes ☐ No

Does the child have good balance? ☐ Yes ☐ No

How was this balance tested? _____

_____

_____

NOTE: This material was developed by Pete Wurzberger, Professor Emeritus of Special Education, San Francisco State University, and by William Hawkins, Consultant, Special Education, Contra Costa County SELPA. It was revised by the Mobility Staff of the California School for the Blind, Fremont.

Is the child able to stand on one foot? ☐ Yes ☐ No

How long? _____

What kind of movements can the child perform:

☐ Crawl? ☐ Walk? ☐ Run? ☐ Hop?

☐ Jump? ☐ Climb? ☐ Other? _____

Stairs

Can the child:

Find the bannister before going up stairs? ☐ Yes ☐ No

Walk up stairs? ☐ Yes ☐ No

Does the child:

Use the bannister when going up stairs? ☐ Yes ☐ No

Can the child:

Find the bannister before going down stairs? ☐ Yes ☐ No

Walk down stairs? ☐ Yes ☐ No

When going down stairs, does the child use one leg to step down and then drag the other leg down to it? ☐ Yes ☐ No

Can the child:

- Walk up an incline or ramp? ☐ Yes ☐ No
- Walk down an incline or ramp? ☐ Yes ☐ No

Does the child have any balance problems when walking up or down hills? ☐ Yes ☐ No

When walking directly toward obstructions such as walls, hedges, fences, shrubs, ground cover, and so forth, how does the child react?

_____

_____

_____

_____

	Does not detect	*Visually*	*Foot exploration*	*Cane*	*Combination*
How does the child detect "up"curbs?					
How does the child detect drop-offs?[1]					

If the child detects curbs or drop-offs visually, at what distance does he or she do so? _____

Will the child step off a curb with no help? ☐ Yes ☐ No

Can the child follow the borderline of grass and a concrete walk? ☐ Yes ☐ No

If yes, is this done visually, using the foot to shoreline, a cane, or a combination?[2] _____

_____

Can the child locate a dropped object? ☐ Yes ☐ No

Is exploration during this search done:

☐ At random? ☐ In a pattern?

Describe any routes of travel the child uses: _____

_____

_____

_____

What kinds of clues does the child use on these routes:

☐ Visual? ☐ Other?

☐ Hearing? ☐ A combination of clues?

☐ Touch?

Use of Residual Vision

Has the child been visually impaired since birth? ☐ Yes ☐ No

If not, what is the age of onset of the impairment? _____

What is the type of visual impairment, if known? _____

Is there reason to expect further decrease of vision? _____

_____

[1] Examples of drop-offs are edges of curbs or stairs.

[2] *Shoreline* is a raised plane; for example, carpet edge, grass, or flooring.

Does the child use vision to explore? ☐ Yes ☐ No

Does the child raise, lower, or turn the head to see better? ☐ Yes ☐ No

Which are the usual directions? _____

At what distance does the child notice stationary objects? _____

What kinds of objects? _____

At what distance can the child detect pedestrians or moving vehicles? _____

Is the child able to match colors? ☐ Yes ☐ No

In what kind of lighting conditions? _____

Does the child have useful night vision? ☐ Yes ☐ No

Does the child experience difficulty with or dislike glare? ☐ Yes ☐ No

Does the child have any trouble adjusting to light change (moving from a dark room into sunlight or into artificial light or moving from a well-lighted area into a darker one)? ☐ Yes ☐ No

If yes, under what type of conditions? _____

_____

Is the child able to match an object or landmark to a drawing or photograph of that object? ☐ Yes ☐ No

Describe the circumstances: _____

_____

_____

Mobility instructor's comments on use of residual vision and use of visual aids: _____

_____

_____

_____

_____

Residual Hearing

Description of the child's hearing loss: _____

_____

Does the child react to noise? ☐ Yes ☐ No

What types of noise? _____

_____

Is the child able to tell where sounds are coming from? ☐ Yes ☐ No

Is the child able to point toward the sound or move toward it? ☐ Yes ☐ No

Is the child able to identify sounds:

☐ By name? ☐ Gesture?

☐ Sign? ☐ No?

What types of sounds does the child respond to? _____

_____

Does the child respond to a voice? ☐ Yes ☐ No

How close must the voice be? _____

_____

Does the child wear hearing aids? ☐ Yes ☐ No

☐ One aid? ☐ Two aids?

☐ Are they behind-the-ear aids? ☐ Are they worn on the body?

Communication

How does the child communicate? _____

_____

_____

_____

Can the child communicate with the general public? _____

_____

_____

What adaptations would be necessary to the child's communication skills to enable him or her to communicate with the public?

_____

_____

Is the child able to understand words? ☐ Yes ☐ No

Is the child able to express single words? ☐ Yes ☐ No

In what manner? _____

_____

Is the child able to put words together intelligibly? ☐ Yes ☐ No

Does the child have understandable speech? ☐ Yes ☐ No

Does the child's family or teacher have a list of the words or signs the child knows?

☐ Yes ☐ No ☐ I don't know. ☐ N/A

Does the child understand fingerspelling?

☐ Yes ☐ No

☐ Visual ☐ Tactile

Body Image and Self-image

Does the child know his or her own name? ☐ Yes ☐ No

Does the child react to that name when called or signed? ☐ Yes ☐ No

Is the child able to indicate a body part when the tester names or signs that body part? ☐ Yes ☐ No

Which ones? _____

Is the child able to touch a part of your body and match that part with a corresponding part of his or her own body? ☐ Yes ☐ No

Sidedness

Is the child:

☐ Left handed? ☐ Right handed? ☐ Has not established dominance?

Can the child indicate right or left on his or her own body? ☐ Yes ☐ No

Is the child able to identify right or left on someone else's body parts? ☐ Yes ☐ No

Does the child cross the midline of his or her body with either hand? ☐ Yes ☐ No

What are situations in which this activity tends to occur? _____

_____

Senses of Touch, Smell, and Taste

Does the child explore with his or her fingers and hands:

☐ Often? ☐ Not often?

☐ Sometimes? ☐ Not observed?

Can the child, when standing on a slope, determine whether he or she is facing uphill or downhill? ☐ Yes ☐ No

Is the child inclined to smell things:

☐ Often? ☐ Not often?

☐ Sometimes? ☐ Not observed?

Does the child explore things by putting them in his or her mouth or tasting them:

☐ Often? ☐ Not often?

☐ Sometimes? ☐ Not observed?

What occupies most of the child's time? _____

_____

How does the child have fun? _____

_____

What irritates the child? _____

_____

Does the child have any favorite toys or hobbies? If so, describe: _____

_____

Does the child have any behavioral problems that would affect mobility training or contact with the public? ☐ Yes ☐ No

If yes, describe: _____

_____

Medical

Does the child have any diseases or additional impairments that you know of? ☐ Yes ☐ No

If yes, describe: _____

_____

Does the child require any medication? ☐ Yes ☐ No

If yes, what type of medication? _____

Purpose of this medication: _____

When is this medication usually given? _____

Recommendations for training and instruction:

_____ _____

(Signature of tester)

APPENDIX G

Review of Curriculum for the Deaf-Blind

Brief descriptions are provided of some commercially available curricula that have been used successfully with deaf-blind and other multiply handicapped (MH) children. These materials were reviewed to assist teachers and others involved in planning educational programs for deaf-blind children. The reviews are not to be considered as recommendations.

Dunn, Marsha Lee. *Presign Language Motor Skills: Skill Starters for Motor Development*. Tucson, Ariz.: Communication Skill Builders, 1982.

This workbook is designed for professionals to use as a self-teaching tool. The manual presents the developmental stages of learning to use sign language and ways to assess the skill level of each student. The manual provides techniques for teaching sign language and contains descriptions of classroom activities and motor skills to be practiced. Information is presented on how to set up an individual sign language program. The publisher's address is Communication Skill Builders, 3130 N. Dodge Blvd., Box 42050, Tucson, AZ 85733.

Eaton, Peggy, and Leslie Eiring. *Joy of Learning*. Lake Oswego, Ore.: Dormac, Inc., 1976.

The authors assembled a collection of ideas for instructional materials that were developed and used successfully with deaf multihandicapped students at the Riverside School for the Deaf. The materials presented are best suited for children with usable residual vision and some potential for academic learning. This publication is available from Dormac, Inc., Box 1622, Lake Oswego, OR 97034.

A Planning Guide to the Preschool Curriculum, the Child, the Process, the Day. Chapel Hill, N.C.: Chapel Hill Training Outreach Project, 1974.

This guide, which introduces the unit approach to curriculum planning, contains 44 curriculum units. It is geared for a preschool population but is easily adaptable to young or low functioning multihandicapped and deaf-blind children. Good suggestions are provided for the actual lesson to be taught. Supplemental activities are included for music, art, visual and auditory discrimination, games, and fine and gross motor activities.

NOTE: This list of references was developed by Peggy Campbell, Assistant Superintendent, Instructional Programs, California School for the Blind, Fremont.

Potocki, Patricia, and Barbara Miller. *Hands-On: A Manipulative Curriculum for Teaching Multiply Handicapped Hearing Impaired Students*. Tucson, Ariz.: Communications Skill Builders, n.d.

This guide was developed for use with multihandicapped children who are delayed in language and conceptual development. It presents low-level tasks and skills in an academic manner for ease in evaluation. It covers areas of concern in writing individualized education programs (IEPs) and provides a high degree of accountability. A basic signed vocabulary is included. The publisher's address is Communication Skill Builders, 3130 N. Dodge Blvd., Box 42050, Tucson, AZ 85733.

A Prelanguage Curriculum Guide for the Multihandicapped. Colorado Springs: Colorado School for the Deaf and the Blind, 1978.

Compiled by the teaching staff of the Deaf-Blind Department, Colorado School for the Deaf and the Blind, this guide is based on Jan Van Dijk's theories of language development and acquisition for deaf-blind children. Various stages of language growth and development are introduced and discussed. The guide emphasizes a total program approach to language growth. Good, concrete suggestions are provided for materials, lessons, organization, and follow through. The address for this resource is Deaf-Blind Department, Colorado School for the Deaf and Blind, Kiowa and Institute Sts., Colorado Springs, CO 80903.

APPENDIX H

Selected References

Lists of selected references appear that are specifically directed toward helping infants and children who are deaf-blind. The references are organized according to content pertaining to "Developing Programs for Infants and Young Children" and "Developing Communication with Children."

Developing Programs for Infants and Young Children

Auditory Assessment and Program Manual for Severely Handicapped Deaf-Blind Students. San Francisco: The Bay Area Severely Handicapped Deaf-Blind Project, 1982. Available from: The Association for Persons with Severe Handicaps, 7010 Roosevelt Way, N.E., Seattle, WA 98115.

Bolton, S. *One Step at a Time: A Manual for Families of Children with Hearing and Vision Impairments*. Seattle: The Association for Persons with Severe Handicaps (TASH), 1989. Available from: TASH Technical Assistance Project, Teaching Research, 345 N. Monmouth Ave., Monmouth, OR 97361.

Chen, D.; C. Friedman; and G. Calvello. *Parents and Visually Impaired Infants*. Louisville, Ky.: American Printing House for the Blind, 1989. Available from: American Printing House for the Blind, P.O. Box 6085, Louisville, KY 40206-0085.

Davis, J., and M.B. Langley. *A Guide to Developing a Classroom Curriculum for Visually Impaired Multihandicapped Infants*. Chicago, Ill.: Stoelting Co., 1980. Available from: Stoelting Co., 620 Wheat Lane, Wood Dale, IL 60191.

Developmental Programming for Infants and Young Children. Edited by D.S. Schafer and M.S. Moersch. Ann Arbor: The University of Michigan Press, 1977.

Vol. 1: Assessment and Application
Vol. 2: Early Intervention Developmental Profile
Vol. 3: Stimulation Activities
Vol. 4: Preschool Assessment and Application
Vol. 5: Preschool Developmental Profile

Available from: The University of Michigan Press, P.O. Box 1104, Ann Arbor, MI 48106.

NOTE: This list of references was compiled by Deborah Chen, Director of Special Education Services, Foundation for the Junior Blind, Los Angeles, California, 1989.

Dunst, C. *A Clinical and Educational Manual for Use with the Uzgiris and Hunt Scales of Infant Psychological Development*. Austin, Tex.: Pro-Ed, 1980. Available from: Pro-Ed, 8700 Shoal Creek Blvd., Austin, TX 78758-9965.

Dunst, C. *Infant Learning: A Cognitive-Linguistic Intervention Strategy*. Allen, Tex.: DLM Teaching Resources, 1981. Available from: DLM Teaching Resources, P.O. Box 4500, One DLM Park, Allen, TX 75002.

Efron, M., and B. Duboff. *A Vision Guide for Teachers of Deaf-Blind Children*. Raleigh, N.C.: Department of Public Instruction, 1975. Available from: Special Education Instructional Materials Development Center, Division for Exceptional Children, Department of Public Instruction, Raleigh, NC 27611.

Ferrell, K.A. *Reach Out and Teach: Meeting the Training Needs of Parents of Visually and Multiply Handicapped Young Children*. New York: American Foundation for the Blind, 1985. Available from: American Foundation for the Blind, 15 W. 16th St., New York, NY 10011.

Fewell, R., and P. Vadasy. *Learning Through Play: A Resource Manual for Teachers and Parents*. Allen, Tex.: DLM Teaching Resources, 1983. Available from: DLM Teaching Resources, P.O. Box 4500, One DLM Park, Allen, TX 75002.

Freeman, P. *The Deaf-Blind Baby: A Programme of Care*. London: William Heineman Medical Books, 1985. Available from: William Heineman Medical Books, 23 Bedford Sq., London WC1 B3HT, England (also available from SENSE, 311 Grays Inn Road, London, WCIX 8PT, England).

Guldager, V. *Body Image and the Severely Handicapped Rubella Child*. Watertown, Mass.: Perkins School for the Blind, 1970. Available from: Perkins School for the Blind, Watertown, MA 02172.

Hyvarinen, L. *Vision in Children: Normal and Abnormal*. Meaford, Ontario, Canada: The Canadian Deaf-Blind and Rubella Association, 1988. Available from: The Canadian Deaf-Blind and Rubella Association, Box 1625, Meaford, Ontario, NOH 1YO, Canada.

Innovative Program Design for Individuals with Dual Sensory Impairments. Edited by L. Goetz.; D. Guess; and K. Stremel-Campbell. Baltimore, Md.: Paul H. Brookes Publishing Co., 1987. Available from: Paul H. Brookes Publishing Co., P.O. Box 10624, Baltimore, MD 21285-0624.

INSITE MODEL: Model of Home Intervention for Infant, Toddler, and Preschool-Aged Multihandicapped Sensory Impaired Children. (Second edition). Vols. 1 and 2. Logan, Utah: HOPE, Inc., 1989. Available from: HOPE, Inc., 1780 N. Research Parkway, Logan, UT 84321.

The John Tracy Clinic Correspondence Learning Program for Parents of Preschool Deaf-Blind Children. Los Angeles: John Tracy Clinic, 1973. Available from: John Tracy Clinic, 806 W. Adams Blvd., Los Angeles, CA 90007.

Jurgens, M.R. *Confrontation Between the Young Deaf-Blind Child and the Outer World: How to Make the World Surveyable by Organized Structure?* Lisse, The Netherlands: Swets and Zeitlinger Publishing, 1977. Available from: Swets Publishing, 347 B. Heereweg, Lisse, 1600, The Netherlands.

McInnes, J.M., and J.A. Treffry. *Deaf-Blind Infants and Children: A Developmental Guide*. Toronto: University of Toronto Press, 1982. Available from: University of Toronto Press, Toronto, Ontario, Canada.

Moore, S. *Beginnings: A Practical Guide for Parents and Teachers of Visually Impaired Babies*. Louisville, Ky.: American Printing House for the Blind, 1985. Available from: American Printing House for the Blind, P.O. Box 6085, Louisville, KY 40206-0085.

Movement Analysis and Curriculum for Visually Impaired Preschoolers. Tampa: Florida Instructional Materials Center for the Visually Handicapped, 1986. Available from: Florida Instructional Materials Center for the Visually Handicapped, 5002 N. Lois Ave., Tampa, FL 33614.

van Dijk, J. *Rubella Handicapped Children: The Effects of Bilateral Cataract and/or Hearing Impairment on Behavior and Learning*. East Toronto, Ontario, Canada: C.J. Hogrefe International, 1982. Available from: C.J. Hogrefe International, P.O. Box 51, Lewiston, NY 14092.

Wyman, R. *Multiply Handicapped Children*. London, England: Souvenir Press, Ltd., 1986. Available from: SENSE, 311 Grays Inn Road, London, WCIX 8PT, England.

Developing Communication with Children

Communication Development in Young Children with Deaf-Blindness Literature Review III. Edited by M. Bullis. Monmouth: Oregon State System of Higher Education, 1987. Available from: Communication Skills Center for Young Children with Deaf-Blindness, Teaching Research Division, Oregon State System of Higher Education, Monmouth, OR 97361.

Developing Sign Communication with the Multihandicapped Sensory Impaired Child. Logan, Utah: HOPE, Inc., 1985. Available from: HOPE, Inc., 1780 N. Research Parkway, Logan, UT 84321.

This manual of the INSITE communication program contains photographs of how to make over 150 signs and gestures.

It Takes Two to Talk. Toronto, Ontario, Canada: Hanen Early Language Resource Centre, 1984. Available from: Hanen Early Language Resource Centre, 40 Roxborough St. West, Toronto, Ontario M5R 1T8, Canada.

This publication is a parent handbook on early communication activities, turn taking, prompts, music, play, and art. A behavioral checklist is provided (from the unintentional-preverbal to verbal level) for what the child says, does, and understands.

Klein, M.D., and others. *The Comprehensive Communication Curriculum Guide.* Lawrence, Kans.: Kansas Early Childhood Institute, 1981. Available from: Early Childhood Institute Document Reproduction Services, Haworth Hall, University of Kansas, Lawrence, KS 66045.

Objectives and procedures are presented for teaching basic communication skills to students who are severely/multihandicapped. Preverbal communication is stressed.

MacDonald, J., and others. *The Ecological Communication (ECO) System.* Toledo, Ohio: ECOLETTER, 1982. Available from: ECOLETTER, 2423 Portsmouth Road, Toledo, OH 43613.

A system for teaching language through conversation is presented:

- An assessment manual outlines assessment, rating, and reporting procedures.
- A training glossary provides definitions of the ECO system.
- Treatment modules develop functional interactive play and initial conversation.
- A conversation routine manual outlines training activities, including object play (ball), teaching routines (naming), spontaneous (greeting), and people play (imitation) routines.

Mount, M., and V. Shea. *How to Recognize and Assess Prelanguage Skills in the Severely Handicapped.* Austin, Tex.: Pro-Ed, 1982. Available from: Pro-Ed, 8700 Shoal Creek Blvd., Austin TX 78758-9965.

Musselwhite, C.R. *Adaptive Play for Special Needs Children: Strategies to Enhance Communication and Learning.* Boston: College-Hill Press, 1985. Available from: Little, Brown & Co., 200 West St., Waltham, MA 02254.

Topics include switches and adaptive play strategies for communication goals.

Nonverbal Prelinguistic Communication: A Guide to Communication Levels in Prelinguistic Handicapped Children. Salem: Oregon Program for the Deaf-Blind, 1983. Available from: Oregon Program for Deaf-Blind, Oregon State Department of Education, 700 Pringle Parkway, S.E., Salem, OR 97310.

This free prelinguistic communication guide contains adaptations for children who are visually impaired and/or hearing impaired.

Prelanguage Curriculum Guide for the Multihandicapped. Colorado Springs: Colorado School for the Deaf-Blind, 1978. Available from: Deaf-Blind Department, Colorado School for the Deaf and Blind, Kiowa and Institute Sts., Colorado Springs, CO 80903.

This guide is based on Jan van Dijk's work in the Netherlands with children who are deaf-blind. Language development is presented through stages of resonance, coactions, imitations, nonrepresentational reference, and natural gestures. Activities include self-help, use of calendar, and development of motor skills.

Rowland, C., and P. Schweegert. *Tangible Symbol Systems: Symbolic Communication for Individuals with Multisensory Impairments.* Tucson, Ariz.: Communication Skill Builders, 1989. Available from: Communication Skill Builders, 3830 E. Bellevue, P.O. Box 42050, Tucson, AZ 85733.

This publication is based on Jan van Dijk's work in the Netherlands with children who are deaf-blind. Included are a manual and videotape on using concrete symbols (objects and representations) with nonverbal students.

Schaeffer, B., and others. *Total Communication: A Signed Speech Program for Nonverbal Children.* Champaign, Ill.: Research Press, 1980. Available from: Research Press, Box 31770, Dept. T, Champaign, IL 61826.

Field-tested procedures are provided for using total communication with nonverbal children. Strategies for facilitating verbal development are given.

Schons, B., and C. Coltrane. *Cognitive and Linguistic Communication System for the Severely/Profoundly Handicapped and Infants.* Fort Dodge, Iowa: Arrowhead Area Education Agency, 1983. Available from: Arrowhead Area Education Agency, 1235 Fifth Ave., South, Fort Dodge, IA 50501.

Activities are based on several curricular sources. Cognitive, social, and physical functions are considered in developing the intervention environment.

Shea, V., and M. Mount. *How to Arrange the Environment to Stimulate and Teach Prelanguage Skills in the Severely Handicapped.* Austin, Tex.: Pro-Ed, 1982. Available from: Pro-Ed, 8700 Shoal Creek Blvd., Austin, TX 78758-9965.

Daily routines and self-help and play activities to encourage communication are provided.

Stillman, R. *Callier-Azusa Scale (H) Scale for Assessing Communicative Abilities.* Dallas, Tex.: Callier Center for Communication Disorders, University of Texas, 1985. Available from: Callier Center, University of Texas at Dallas, 1966 Inwood Road, Dallas, TX 75235.

This instrument assesses the presymbolic communicative abilities of children who are deaf-blind.

Stremel-Campbell, K., and J. Clark Guida. *Communication Curriculum.* Monmouth: Oregon State System of Higher Education, 1984. Available from: Integration Project, Teaching Research Division, Oregon State System of Higher Education, Monmouth, OR 97361.

This curriculum provides a theoretical base for instructional strategies, as well as a program to promote sensorimotor development and receptive and expressive communication.

Stremel-Campbell, K., and J. Clark Guida. *Communication Placement Assessment Manual.* Monmouth: Oregon State System of Higher Education, 1984. Available from: Integration Project, Teaching Research Division, Oregon State System of Higher Education, Monmouth, OR 97361.

This publication presents an assessment of sensory and social responses, object interaction, vocal development, communicative functions, and receptive and expressive communication.

Waldo, L., and others. *Total Communication Checklist and Assessment.* Lawrence, Kans.: Early Childhood Institute, 1981. Available from: Early Childhood Institute, Document Reprint Service, Haworth Hall, University of Kansas, Lawrence, KS 66045.

APPENDIX I

Usher's Syndrome and CHARGE Association

This appendix presents definitions of Usher's syndrome and CHARGE association. (What each letter in CHARGE represents is explained in the paragraph introducing the section on CHARGE association.) Screening for these disorders is also examined.

Usher's Syndrome

Usher's syndrome, a genetic disorder resulting in hearing loss and progressive vision impairment, is caused by retinitis pigmentosa, a degeneration of the retina. Children with Usher's syndrome may not develop symptoms until the teen years. These symptoms include:

- Night blindness or slow adjustment to the dark (The young child may exhibit fear of the dark.)
- Tunnel vision or decreasing peripheral vision (The visual field becomes progressively narrow.)
- Decreased central vision
- Clumsiness (The student may fail to locate objects, bump into people or objects, and seek out the source of light.)

Vision Screening for Usher's Syndrome

Vision screening for all hearing impaired children should include an assessment of visual acuity, far and near, field of vision, color vision, personal and family ocular history, adaptation to dark, and depth perception.

The school shall notify the parents of the results of the vision screening and recommend that a medical evaluation be obtained to include field of vision, adaptation to dark, and results from an electroretinogram. Students should be screened every three years or more often if they are suspected of having vision problems.*

Although symptoms may develop during the school years, the majority of Usher's related deaf-blindness appears in the post-school years (most of these students have had extended periods of developing their language and social skills). Older persons with Usher's will most likely lose their sight gradually over a 20-year period. The student and family will have the opportunity to adjust to the implications of this disease.

*"A Screening Program for Usher's Syndrome." Washington, D.C.: Public Service Program, Gallaudet College, 1978.

Counseling for Children and Their Families

Young children with this condition and their families have different needs. The support system for that family should include counseling and parent education.

Counseling should provide:

- Information to children according to their maturity, emotional stability, and ability to comprehend the information
- Information and support for parents as they go through the initial steps of psychological mourning
- Ongoing counseling for family support
- Information about support groups such as the Retinitis Pigmentosa Foundation and Braille Institute as well as linkage to other families in the area
- Sources for referring the family for genetic counseling

Parent education should provide information about:

- Usher's syndrome and the characteristics
- Genetic information and the implications for the parents, child, and future offspring
- Specialized communication systems for the student with hearing and visual impairments
- Specialized designated instruction and services (for example, itinerant services and orientation and mobility) and aids and equipment that may be needed to assist the student
- Daily living skills to include adaptations in the home, school, and community
- Vocational needs
- Advocacy and legal rights
- Community resources

Gallaudet College provides information about Usher's syndrome through its programs serving the deaf-blind. Descriptions of these programs are available from the:

Center for Continuing Education
Public Service Programs
Gallaudet College
Washington, DC 20002

CHARGE Association

The term *CHARGE association* combines malformations of unknown etiologies. This acronym represents the following: *C* is for *colobomatous microophthalmia* (small eye commonly occurring with a defect of the iris or choroid), *H* is for heart disease, *A* is for *atresia choanae* (an abnormal obstruction in the nasal passages), *R* is for mental and growth retardation, *G* is for genital hypoplasia (in males), and *E* is for ear anomalies or deafness. The eye and ear abnormalities are present at birth and usually are stable. The vision ranges from normal to profound loss if the eyes are small and/or if the colobomata are large.

Vision screening should include a full ocular examination, including visual acuity if feasible. Generally, a small eye is easily identifiable. All individuals who carry the diagnosis of the CHARGE association should be evaluated by a geneticist for other conditions.

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*The price for 100 booklets is $30; the price for 1,000 booklets is $230.

†Also available in Cantonese, Korean, Spanish, and Vietnamese.

**Includes 1982 and 1983 revisions.

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